


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 15, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P98000013696</b> 1. Entity Name <b>THE MAHONEY GROUP, INC.</b>	
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Principal Place of Business <b>3825 S. FLORIDA AVENUE STE 5 LAKELAND, FL 33813</b>	Mailing Address <b>3825 S. FLORIDA AVENUE STE 5 LAKELAND, FL 33813</b>
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01232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3491553</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**MAHONEY, MARIA  
3825 S. FLORIDA AVENUE  
SUITE 5  
LAKELAND, FL 33813**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MAHONEY, MARIA 3825 S. FLORIDA AVENUE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MAHONEY, MICHAEL J 501 CARLETON STREET LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAHONEY, SHANE M 7450 CARRIAGE SIDE COURT JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAHONEY, SPENCER J C/O SM MAHONEY 7450 CARRIAGE SIDE COURT JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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02/25/06-80027-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  2/13/2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #