## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # P98000098975** 04-30-2007 90458 045 \*\*\*150.00 1. Entity Name NEXUS GROUP, INC. Principal Place of Business Mailing Address 40021220 3305 BARTLETT BLVD 3305 BARTLETT BLVD ORLANDO, FL 32811 ORLANDO, FL 32811 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3561857 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDERSON, EDWARD G Street Address (P.O. Box Number is Not Acceptable) 3305 BARTLETT BLVD ORLANDO, FL 32811 City Zip Code FL 8. The above named entity septrals this statement for the purbose 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. 4/25/07 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Managing Director Stephen P. Griggs 3305 Bartlett Blvd PST TITLE ☐ Change Addition TITLE Delete ANDERSON, EDWARD E NAME NAME STREET ADDRESS 3305 BARTLETT BLVD STREET ADDRESS Orlando FL 32811 ORLANDO, FL 32811 CITY-ST-7P CITY-ST-7IP Managing Director N. Scott Novell 3305 Bartlett Blvd Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS Orlando FL 32811 CITY-ST-ZIP CITY-ST-ZIP President TITLE Delete TITLE Change Addition Edward G. Anderson NAME NAME 3305 Bantlett Blvd STREET ADDRESS STREET ADDRESS Orlando 32811 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITL F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 if changed, or on an attachment with an address, with all

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