

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90089 024 ***150.00

DOCUMENT # P99000052178 1. Entity Name SUCCESS RESOURCE GROUP, INC.					
Principal Place of Business 767 S. STATE RD. 7, STE. 13 MARGATE, FL 33068				Mailing Address 767 S. STATE RD. 7, STE. 13 MARGATE, FL 33068	
2. Principal Place of Business - No P.O. Box # 7101 W. McNab Rd Suite, Apt. #, etc. Suite 201 City & State Tamarac, FL Zip 33321 Country USA		3. Mailing Address 7101 W. McNab Rd Suite, Apt. #, etc. Suite 201 City & State Tamarac, FL Zip 33321 Country USA			
4. FEI Number 65-0926400				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ONORATI, GARY 767 S. STATE RD. 7, STE. 13 MARGATE, FL 33068			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7101 W. McNab Rd, Suite 201 City Tamarac FL Zip Code 33321		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GILDER-PACE, A. M. 767 S ST RD 7 #13 MARGATE, FL 33068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7101 W. McNab Rd, Suite 201 Tamarac, FL 33321	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 other like empowered.					
SIGNATURE: <u>A.M. GILDER-PACE</u> GILDER-PACE (4/28/07) 1-954 PRES. 552-0774					