2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 01, 2006 8:00 am Secretary of State 05-01-2006 90366 015 ***150.00 DOCUMENT # P99000097003 1. Entity Name THE HOLDINGS GROUP, INC. 40014016 Principal Place of Business Mailing Address 24331 PRODUCTION CIPCLE 24331 PRODUCTION CIRCLE BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL - 24135 3. Mailing Address 21159 Braxfield box Suite, Apt. #, etc. CR2E034 (11/05) 04272006 Chg-P Applied For City & State ESTER 0 4. FEI Number 59-3615611 Not Applicable Country A \$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 MARCHETTI, JULIA R Street Address (P.O. Box Number is Not Acceptable) 24331 PRODUCTION CIRCLE BONITA SPRINGS, FL 34135 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 ted name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. n TITLE ☐ Delete MARCHETTI, MICHAEL NAME NAME 24331 PRODUCTION CIRCLS STREET ADDRESS STREET ADDRESS BONITA SPRINGS, FL 34135 CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE MARCHETTI, JULIA NAME 24334 PRODUCTION CIRCLE STREET ADDRESS STREET ADDRESS BONITA SPRINGS, FL. 34135 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete THTLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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 other like empowered.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED