

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000110856

FILED
Feb 02, 2007
Secretary of State

Entity Name: PEGASUS REAL ESTATE GROUP, INC.

Current Principal Place of Business:

830-13 A1A NORTH
#132
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

42 1/2 SARAGOSSA STREET
ST. AUGUSTINE, FL 32084 US

Current Mailing Address:

830-13 A1A NORTH
#132
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

P.O. BOX 1616
ST. AUGUSTINE, FL 32085 US

FEI Number: 59-3615211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABELL, DAVID M
830-13 A1A NORTH
#132
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

ABELL, DAVID M
42 1/2 SARAGOSSA STREET
ST. AUGUSTINE, FL 32084 US

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.

SIGNATURE: DAVID M ABELL

02/02/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: ABELL, DAVID M
Address: 830-13 A1A NORTH #132
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S () Delete
Name: ABELL, M LEE
Address: 830-13 A1A NORTH #132
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: V () Delete
Name: ABELL, M. LEE
Address: 830-13 A1A NORTH #132
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: ABELL, DAVID M
Address: 42 1/2 SARAGOSSA STREET
City-St-Zip: ST AUGUSTINE, FL 32084

Title: S (X) Change () Addition
Name: ABELL, M LEE
Address: 42 1/2 SARAGOSSA STREET
City-St-Zip: ST AUGUSTINE, FL 32084

Title: V (X) Change () Addition
Name: ABELL, M. LEE
Address: 42 1/2 SARAGOSSA STREET
City-St-Zip: ST AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID ABELL

PTSD

02/02/2007

Electronic Signature of Signing Officer or Director

Date