## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # F06000007466

1. Entity Name
THE ELEX GROUP, INC.



Principal Place of Business 212 OLD MARLTON PIKE MEDFORD, NJ 08055 Mailing Address

PO BOX 14

MEDFORD, NJ 08055

FILED Apr 30, 2007 08:00 All Secretary of State



03262007

No Chg-P

CR2E034 (11/05)

4. FEI Number 22-2054131

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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PLANTATION, FL 33324			IN THIS SPACE			
6. The above the obligat	named entity submits this statement for the $\mathfrak g$ ions of registered agent.	ourpose of changing its register	ed office or reg	istered agent, or both	n, in the State of Florida. I am familiar wi	th, and accept
SIGNATURE_						
	Signature, typed or printed name of registered agent and little	d applicable. (NOTE: Registere	ed Agent signature red	quired when reinstating)	DATE	_
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Final     Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETTINE, JODEE B 212 OLD MARLTON PIKE MEDFORD, NJ 08055				U00000749486	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	V PETTINE, MARC A 212 OLD MARLTON PIKE MEDFORD, NJ 08055				05/18/07-80024-017	150.00
TITLE NAME STREET ADDRESS CITY- ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS				IN T	THIS SPACE	

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:

CITY-ST-7IP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07

Date

Davtme Phone #