2008 FOR PROFIT CORPORATION

Apr 29, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # F06000007466** 1. Entity Name THE ELEX GROUP, INC. Principal Place of Business Mailing Address PO BOX 14 212 OLD MARLTON PIKE MEDFORD, NJ 08055 MEDFORD, NJ 08055 04232008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-2054131 \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when renstating) 9. Election Campaign Financing \$5.00 May Ba FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME PETTINE, JODEE B 212 OLD MARLTON PIKE STREET ADDRESS MEDFORD, NJ 08055 CITY-ST-ZIP TITLE NAME PETTINE, MARC A STREET ADDRESS 212 OLD MARLTON PIKE DO NOT WRITE MEDFORD, NJ 08055 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

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

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED