2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000001668

1. Entity Name
STRATUS SERVICES GROUP, INC.

Mailing Address

Principal Place of Business 500 CRAIG RD, STE 201 MANALAPAN, NJ 07726

500 CRAIG RD, STE 201 MANALAPAN, NJ 07726

FILED Apr 18, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03222005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3499261 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAYMOND, JOSEPH J JR 1964 HOWELL BRANCH RD STE 2692 3.05 WINTER PARK, FL 32792

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent.	urpose of changing its reg	istered office or re	egistered agent, or bo	th, in the State of Florida. I	am familiar with, an	d accept
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered			gistered Agent signature	required when reinstating)	DA	TE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS			The second secon		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTKIN, MICHAEL J 15 WILKINSON RD RANDOLPH, NJ				04/0000003143	335	
TATLE NAME STREET ADDRESS CITY-ST-ZIP	S RAYMOND, J T 29 CORONET AVE LINGROFT, NJ				V4/18/U5-8016	13-004 150.	. 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RAYMOND, JOSEPH J 17140 CORAL COVE WAY BOCA RATON, FL			DO	NOT WRI	TE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALTZMAN, MICHAEL A 206 MUSKFLOWER CT TOMS RIVER, NJ			IN '	THIS SPAC		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D FEIDT, DONALD 13 NORMANDY DR WESTFIELD, NJ 07091						i
TITLE NAME STREET ADDRESS CITY-ST-ZIP						<u> </u>	7. ·

12. It hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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: JESTATURE OF TYPED DE PRINTED HAME OF STOMENO OFFICER OR DIRECTOR DE COMPONDO CEO 3/09/05 7328660