2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009419

Entity Name: EXODUS COMMUNITY SERVICES, INC.

FILED Feb 16, 2005 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

10709 N. PRESERVE WAY, #304 10709 N. PRESERVE WAY MIRAMAR, FL 33025

SUITE 304

MIRAMAR, FL 33025 US

Current Mailing Address: New Mailing Address:

10709 N. PRESERVE WAY, #304 10709 N. PRESERVE WAY MIRAMAR, FL 33025

SUITE 304

MIRAMAR, FL 33025 US

FEI Number: 86-1109347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BLACKMAN, PATRICIA BLACKMAN, PATRICIA 10709 N. PRESERVE WAY 10709 N. PRESERVE WAY, #304 MIRAMAR, FL 33025 SUITE 304 MIRAMAR, FL 33025 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: PATRICIA BLACKMAN 02/16/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete BLACKMAN, PATRICIA BLACKMAN, PATRICIA A Name: Name: Address: 10709 N. PRESERVE WAY, #304

10709 N. PRESERVE WAY, #304 Address:

City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: MIRAMAR, FL 33025

Title: () Delete Title: () Change () Addition

JENKINS, EVELYN Name: Name: Address: 10709 N. PRESERVE WAY, #304 Address: City-St-Zip: MIRAMAR, FL 33025 City-St-Zip:

Title: () Delete Title: C, D (X) Change () Addition GREEN, SONYA Name: GREEN, SONYA T Name:

10709 N. PRESERVE WAY, #304 10709 N. PRESERVE WAY, #304 Address: Address:

MIRAMAR, FL 33025 City-St-Zip: MIRAMAR, FL 33025

City-St-Zip:

Title: () Delete Title: T, D () Change (X) Addition

Name: Name: MORGAN, CAROL A

10709 N. PRESERVE WAY, #304 Address: Address: City-St-Zip: City-St-Zip: MIRAMAR, FL 33025 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA BLACKMAN D 02/16/2005