


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000052801
 1. Entity Name
 EXADEV INTERNET GROUP, INC.



Principal Place of Business 1510 EAST COLONIAL DRIVE SUITE 104W ORLANDO, FL 32803	Mailing Address 1510 EAST COLONIAL DRIVE SUITE 104W ORLANDO, FL 32803
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DO NOT WRITE IN THIS SPACE



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3656108	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RHODE, RAYMOND C
 1510 EAST COLONIAL DRIVE
 SUITE 104W
 ORLANDO, FL 32803

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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000077070
 03/05/04-80027-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZABLE, MICHAEL K 5113 CREUSOT COURT ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RHODE, RAYMOND C 481 ALLISON AVENUE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COKER, KEITH 1205 WINTER SPRINGS BOULEVARD WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *[Signature]* **2/24/2004** **407-228-0563**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #