

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000018747

Entity Name: EXONOMICS CORP.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

1408 CIRCLE DRIVE  
TARPON SPRINGS, FL 34689

## New Principal Place of Business:

5679 SAILFISH DR  
LUTZ, FL 33558

## Current Mailing Address:

1408 CIRCLE DRIVE  
TARPON SPRINGS, FL 34689

## New Mailing Address:

5679 SAILFISH DR  
LUTZ, FL 33558

FEI Number: 03-0388443

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CROVO, CESAR  
1408 CIRCLE DRIVE  
TARPON SPRINGS, FL 34689 US

## Name and Address of New Registered Agent:

STRAUCH, SONIA T  
5679 SAILFISH DR  
LUTZ, FL 33558 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: SONIA T STRAUCH

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: CROVO, CESAR  
Address: 1408 CIRCLE DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: S ( ) Delete  
Name: STRAUCH, SONIA T  
Address: 1408 CIRCLE DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34689

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition  
Name: CROVO, CESAR  
Address: 5679 SAILFISH DR  
City-St-Zip: LUTZ, FL 33558

Title: S (X) Change ( ) Addition  
Name: STRAUCH, SONIA T  
Address: 5679 SAILFISH DR  
City-St-Zip: LUTZ, FL 33558

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CESAR CROVO

SD

04/29/2005

Electronic Signature of Signing Officer or Director

Date