2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000026739

1. Entity Name
EXACTUS PORTFOLIO MANAGMENT ADVISORS, INC.

Principal Place of Business	Mailing Address
1602 HARBOR ISLES CIRLCE PORT ST. LUCIE, FL 34986-1766	906 SW ST. LUCIE WEST #314 PORT ST. LUCIE, FL 34986-1766

DO NOT WRITE IN THIS SPACE

01152005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
01-0626775	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STABILE, ALBERT III
906 SW ST. LUCIE WEST BLVD.
#314
PORT ST. LUCIE, FL 34986-1766

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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.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

U00000193205
01/25/05-80052-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STABILE, ALBERT III
STREET ADDRESS	906 SW ST. LUCIE BLVD. #314
CITY-ST-ZIP	PORT ST. LUCIE, FL 349861766

TITLE	VS
NAME	CHO, ANN
STREET ADDRESS	401 SOUTH ARDEN BLVD.
CITY-ST-ZIP	LOS ANGELES, CA 900204735

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #