

2005 FOR PROFIT CORPORATION ANNUAL REPORT

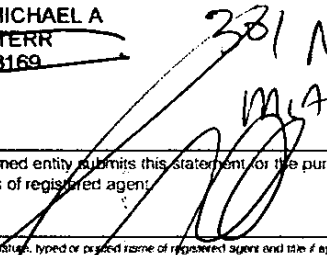
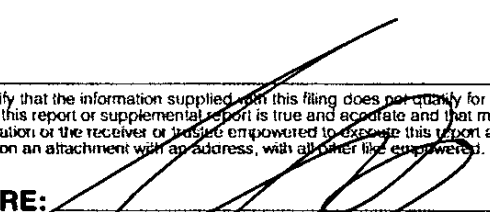
FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90581 018 ***150.00

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04012005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000029126																																															
1. Entity Name THE EXODUS GROUP, INC.																																															
Principal Place of Business 323 NW 104 TERR MIAMI, FL 33150			Mailing Address PO BOX 693966 MIAMI, FL 33269																																												
2. Principal Place of Business 301 N.W 177 St Suite, Apt. #, etc. 208		3. Mailing Address 301 NW 177 St. Suite, Apt. #, etc. 208																																													
City & State MIA FLA		City & State MIA FLA		4. FEI Number 02-0579440																																											
Zip 33169		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																											
6. Name and Address of Current Registered Agent JOHNSON, MICHAEL A 600 NW 183 TERR MIAMI, FL 33169				7. Name and Address of New Registered Agent																																											
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:  DATE: 4-4-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)				Name																																											
				Street Address (P.O. Box Number is Not Acceptable)																																											
				City																																											
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																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">10. OFFICERS AND DIRECTORS</th> <th colspan="3">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>DP JOHNSON, MICHAEL A 600 NW 183 TERR MIAMI, FL 33169</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>PRESIDENT JOHNSON, MICHAEL A 301 NW 177 St MIA FL 33169 Suite 208</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, MICHAEL A 600 NW 183 TERR MIAMI, FL 33169	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHNSON, MICHAEL A 301 NW 177 St MIA FL 33169 Suite 208	☐ Change ☒ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied on 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 line empowered.																																															
SIGNATURE: 				4-4-05 305 652 3234 Date Daytime Phone #																																											