


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90225 030 ***158.75

DOCUMENT # P02000031436

1. Entity Name
MURDOCH GROUP INC.



Principal Place of Business
**6630 FULLER AVE
COCOA, FL 32927**

Mailing Address
**6630 FULLER AVE
COCOA, FL 32927**

11034671



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1920 Shaw Circle

3. Mailing Address
920 Shaw Circle

Suite, Apt. #, etc.

City & State
Melbourne FL

City & State
Melbourne FL

Zip Country
32940

4. FEI Number
06-1683710

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**MURDOCH, TREVOR
6630 FULLER AVE
COCOA, FL 32927**

7. Name and Address of New Registered Agent

Name *Kris Burchfield*

Street Address (P.O. Box Number is Not Acceptable)
920 Shaw Circle

City *Melbourne* State *FL* Zip Code *32940*

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]* (NOTE Registered Agent signature required when existing) DATE

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MURDOCH, TREVOR	
STREET ADDRESS	6630 FULLER AVE	
CITY-ST-ZIP	COCOA, FL 32927	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>Chairman of the Board</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Kris Burchfield</i>	
STREET ADDRESS	<i>920 Shaw Circle</i>	
CITY-ST-ZIP	<i>Melbourne FL 32940</i>	
TITLE	<i>Secretary</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>John B. Odix</i>	
STREET ADDRESS	<i>502 Paisetta Rd</i>	
CITY-ST-ZIP	<i>Melbourne Beach FL 32951</i>	
TITLE	<i>Vice President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Ken Thornton Smith</i>	
STREET ADDRESS	<i>1032 Myrtle Dr</i>	
CITY-ST-ZIP	<i>Rockledge, FL 32955</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **Kris Burchfield** *4/24/03* *321-757-6949*

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)