2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000032966

Entity Name: ORIGNOS BUSINESS GROUP, INC.

FILED May 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

263 LAKE ARBOR DRIVE 125 RILEY AVENUE

PALM SPRINGS, FL 33461 PALM SPRINGS, FL 33461

Current Mailing Address: New Mailing Address:

263 LAKE ARBOR DRIVE 125 RILEY AVENUE

PALM SPRINGS, FL 33461 PALM SPRINGS, FL 33461

FEI Number: 42-1573046 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

HAYES, JASON A HAYES, JASON A 263 LAKE ARBOR DRIVE 125 RILEY AVENUE

PALM SPRINGS, FL 33461 US PALM SPRINGS, FL 33461 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: JASON HAYES 05/14/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

HAYES, JASON Name: Name: HAYES, JASON 263 LAKE ARBOR DRIVE 125 RILEY AVENUE Address: Address: City-St-Zip: PALM SPRINGS, FL 33461 City-St-Zip: PALM SPRINGS, FL 33461

() Delete Title: CCEO Title: (X) Change () Addition

Name: SMITH. READUS C III Name: SMITH, READUS C III 263 LAKE ARBOR DRIVE 125 RILEY AVENUE Address: Address: PALM SPRINGS, FL 33461 PALM SPRINGS, FL 33461 City-St-Zip: City-St-Zip:

Title: Title: () Delete (X) Change () Addition

SMITH, READUS C III SMITH, READUS C III Name: Name: 263 LAKE ARBOR DRIVE 125 RILEY AVENUE Address: Address: City-St-Zip: PALM SPRINGS, FL 33461 City-St-Zip: PALM SPRINGS, FL 33461

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: JASON HAYES PD 05/14/2005