2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000008741

Entity Name: EXODUS AIRWAYS INC

FILED Aug 05, 2005 Secretary of State

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

4067 NW 35TH AVENUE 10901 NW 29 MANOR LAUDERDALE LAKES, FL 33309 SUNRISE, FL 33322

Current Mailing Address: New Mailing Address:

4067 NW 35TH AVENUE 10901 NW 29 MANOR LAUDERDALE LAKES, FL 33309 SUNRISE, FL 33322

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

SERRANEAU, NATALIE R CHARLES, INGRID 2711 NW 87 AVE 2711 NW 87 AVE

CORAL SPRINGS, FL 33065 US CORAL SPRINGS, FL 33065 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: INGRID CHARLES 08/05/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 SERRANEAU, SHELDON A
 Name:
 JOHNSTON, DONNA M

 Address:
 4067 NW 3TH AVE
 Address:
 10901 NW 29 MANOR

 City-St-Zip:
 LAUDERDALE LAKES, FL 33309 US
 City-St-Zip:
 SUNRISE, FL 33322 US

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

 Name:
 CLARKE, TIM
 Name:
 CLARKE, TIM

 Address:
 6175 SW 44 ST
 6175 SW 44 ST

 City-St-Zip:
 DAVIE, FL 33314 US
 City-St-Zip:
 DAVIE, FL 33314 US

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

 Name:
 CYRUS, ROY
 Name:
 CYRUS, ROY

 Address:
 20451 SW 1ST ST
 Address:
 20451 SW 1ST ST

City-St-Zip: PEMBROKE PINES, FL 33029 US City-St-Zip: PEMBROKE PINES, FL 33029 US

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

 Name:
 CORRICA, COLIN
 Name:
 CORRICA, COLIN

 Address:
 145-16 176 ST
 Address:
 145-16 176 ST

 City-St-Zip:
 JAMAICA,, NY 11434 US
 City-St-Zip:
 JAMAICA,, NY 11434 US

 $\label{eq:title:mgr} \mbox{Title:} \qquad \mbox{MGR} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{V} \qquad \mbox{(X) Change () Addition}$

Name: ELIGON, LEON Name: ELIGON, LEON

 Address:
 5428 SW CATSKILL DRIVE
 Address:
 5428 SW CATSKILL DRIVE

 City-St-Zip:
 PORT ST LUCIE, FL 34953 US
 City-St-Zip:
 PORT ST LUCIE, FL 34953 US

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

 Name:
 MUNGROO, NEISHA
 Name:
 MUNGROO, NEISHA

 Address:
 2711 NW 87 AVE
 Address:
 2711 NW 87 AVE

City-St-Zip: CORAL SPRINGS, FL 33065 US City-St-Zip: CORAL SPRINGS, FL 33065 US

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: LEON ELIGON V 08/05/2005