

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061194

Entity Name: EXPEDITIOUS GROUP, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

3550 BUSCHWOOD PARK DR. SUTIE 320
TAMPA, FL 336184450 US

New Principal Place of Business:

Current Mailing Address:

3550 BUSCHWOOD PARK DR. SUTIE 320
TAMPA, FL 336184450 US

New Mailing Address:

FEI Number: 33-1060974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKINSON, BRUCE ESQ
3550 BUSCHWOOD PARK DR. SUITE 320
TAMPA, FL 336184450 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: VIREN, MICHAEL A
Address: 1207 N. RIVERHILLS DR.
City-St-Zip: TAMPA, FL 33617

Title: PD () Delete
Name: WILLIAMS, OSCAR J
Address: 1703 MAGDALENE MANOR DR.
City-St-Zip: TAMPA, FL 33613

Title: SD () Delete
Name: WILKINSON, BRUCE W
Address: 4106 STILLWATER TERRACE COVE
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: LABORDE, ALPHONSO
Address: 18302 WEYBURN AVE.
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: OSCAR J WILLIAMS

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date