

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000068165

FILED
Apr 19, 2004
Secretary of State

Entity Name: ALTUS GROUP, INC.

Current Principal Place of Business:

1743 ALTA VISTA STREET
SARASOTA, FL 34236

New Principal Place of Business:

780 N JEFFERSON AVE
SARASOTA, FL 34237

Current Mailing Address:

POST OFFICE BOX 5504
SARASOTA, FL 34277

New Mailing Address:

FEI Number: 04-3763469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI, FL 33145 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: DPT () Delete
Name: HAYS, JESSICA
Address: 1743 ALTA VISTA STREET
City-St-Zip: SARASOTA, FL 34236

Title: DVPS () Delete
Name: HAYS, NATHAN
Address: 1743 ALTA VISTA STREET
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: NATHAN HAYS

VP

04/19/2004

Electronic Signature of Signing Officer or Director

_____ Date