2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000111612

Entity Name: ITRAX GROUP INC.

FILED May 18, 2006 Secretary of State

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

7224 SPRING VILLAS CIRCLE 2750 TAYLOR AVENUE ORLANDO, FL 32819

ORLANDO, FL 32806

Current Mailing Address: New Mailing Address:

7224 SPRING VILLAS CIRCLE PO BOX 300697

ORLANDO, FL 32819 FERN PARK, FL 32730

FEI Number: 20-3949905 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

JONES, WILLIAM S JONES, WILLIAM S 7224 SPRING VILLAS CIRCLE 2750 TÄYLOR AVENUE ORLANDO, FL 32730 ORLANDO, FL 32806 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: 05/18/2006

> 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

JONES, WILLIAM S Name: Name: JONES, WILLIAM S 7224 SPRING VILLAS CIRCLE 2750 TAYLOR AVENUE, SUITE C Address: Address:

City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32806

VΡ Title: VΡ (X) Change () Addition Title: () Delete Name: JONES, WILLIAM S Name: JONES, WILLIAM S

7224 SPRING VILLAS CIRCLE 2750 TAYLOR AVENUE, SUITE C Address: Address:

ORLANDO, FL 32819 City-St-Zip: City-St-Zip: ORLANDO, FL 32806

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Title: () Delete Title: (X) Change () Addition JONES, WILLIAM S JONES, WILLIAM S Name: Name:

Address: 7224 SPRING VILLAS CIRCLE Address: 2750 TAYLOR AVENUE, SUITE C

City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM S JONES **PRES** 05/18/2006