

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000072937

Entity Name: THE WIT GROUP, INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

1198 GULF BREEZE PKWY., SUITE #6
GULF BREEZE, FL 32561 US

Current Mailing Address:

1198 GULF BREEZE PKWY., SUITE #6
GULF BREEZE, FL 32561 US

New Principal Place of Business:

1198 GULF BREEZE PKWY
SUITE # 6
GULF BREEZE, FL 32561 US

New Mailing Address:

1198 GULF BREEZE PKWY
SUITE # 6
GULF BREEZE, FL 32561 US

FEI Number: 59-3198247 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUDSON, BYRON M II
11 EMORY DR
PENSACOLA, FL 32506 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: PO () Delete
Name: HUDSON, BYRON M. II
Address: 11 EMORY DRIVE
City-St-Zip: PENSACOLA, FL

Title: TD () Delete
Name: HUDSON, JOHN M
Address: 9500 N LOOP RD
City-St-Zip: PENSACOLA, FL

Title: SO () Delete
Name: PAINTER, GORDON K.
Address: 472 N DEAN RD #205
City-St-Zip: AUBURN, AL

Title: D () Delete
Name: LEWIS, ROBERT P
Address: 710 E SAMFORD AVE
City-St-Zip: AUBURN, AL

Title: D () Delete
Name: RATCLIFF, ROBERT E
Address: 1228 REDWOOD LANE
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PO (X) Change () Addition
Name: HUDSON, BYRON M. II
Address: 11 EMORY DRIVE
City-St-Zip: PENSACOLA, FL 32506

Title: TD (X) Change () Addition
Name: HUDSON, JOHN M
Address: 9795 N LOOP RD
City-St-Zip: PENSACOLA, FL 32507

Title: SO (X) Change () Addition
Name: PAINTER, GORDON K.
Address: 472 N DEAN RD #205
City-St-Zip: AUBURN, AL 36830

Title: D (X) Change () Addition
Name: LEWIS, ROBERT P
Address: 710 E SAMFORD AVE
City-St-Zip: AUBURN, AL 36830

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: JOHN M. HUDSON

Electronic Signature of Signing Officer or Director

MR.

04/26/2005

Date