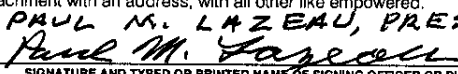


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90334 008 ***158.75

DOCUMENT # 373947 1. Entity Name INVESTORS GUILD, INC.					
Principal Place of Business 321 NORTH LAKE BLVD. STE 201 NORTH PALM BCH, FL 33408 US			Mailing Address 321 NORTH LAKE BLVD. STE 201 NORTH PALM BCH, FL 33408 US		
2. Principal Place of Business 745 U.S. HWY ONE Suite, Apt. #, etc. SUITE 305		3. Mailing Address Suite, Apt. #, etc. City & State NORTH PALM BEACH, FLA			
City & State NORTH PALM BEACH, FLA		City & State 		4. FEI Number 59-1707438	
Zip 33408		Country FLORIDA U.S.A.		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAZEAU, PAUL M. 3166 LYCHEE ST LAKE PARK, FL 33403				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAZEAU, PAUL M. 321 NORTH LAKE BLVD. STE. 201 NORTH PALM BEACH, FL 33408		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 745 U.S. HWY ONE, SUITE 305 NORTH PALM BEACH, FL 33408, US	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAZEAU, PAUL, M 533 NORTHLAKE BLVD, STE 5 NORTH PALM BCH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 745 U.S. HWY ONE, SUITE 305 NORTH PALM BEACH, FL 33408, US	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: PAUL M. LAZEAU, PRESIDENT  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-3-04 (561) 863-5444 Date Daytime Phone #		

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04032004 Chg-P CR2E034 (10/03)