

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K86128

FILED
Apr 30, 2004
Secretary of State

Entity Name: WOOLBRIGHT GROUP, INC.

Current Principal Place of Business:

3200 N. MILITARY TRAIL
4TH FLOOR
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

3200 N. MILITARY TRAIL
4TH FLOOR
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 65-0138559 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STILLER, DUANE
4800 NORTH FEDERAL HIGHWAY
STE D-108
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

STILLER, DUANE
3200 N. MILITARY TRAIL
4TH FLOOR
BOCA RATON, FL 33431 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: _____

Electronic Signature of Registered Agent

04/30/2004

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: STILLER, DUANE,
Address: 209 PHIPPS PLAZA
City-St-Zip: PALM BEACH, FL

Title: DV () Delete
Name: STILLER, DALIA,
Address: 209 PHIPPS PLAZA
City-St-Zip: PALM BEACH, FL

Title: D () Delete
Name: BERNICK, LAWRENCE
Address: 200 S. FEDERAL HWY
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: BERNICK, LAWRENCE
Address: 3200 N MILITARY TRAIL
City-St-Zip: BOCA RATON, FL 33431

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: DUANE STILLER

Electronic Signature of Signing Officer or Director

DPST

04/30/2004

Date