2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005
Secretary of State

DOCUMENT# P03000075553

Entity Name: WELL WORTH IT RESTORATION SERVICES OF SWF, INC.

Current Principal Place of Business:

1045 COLLIER CTR WAY
SUITE 10
NAPLES, FL 34110

New Principal Place of Business:

67 JOHNNYCAKE DR
NAPLES, FL 34110

Current Mailing Address:

1045 COLLIER CTR WAY
SUITE 10
NAPLES, FL 34110

New Mailing Address:

67 JOHNNYCAKE DR
NAPLES, FL 34110

FEI Number: 20-0079480 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOUTHWEST PROFESSIONAL SERVICES OF S FL, I
13571 MCGREGOR BLVD
#22
FORT MYERS, FL 33919 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: P ( ) Delete
Name: GORMAN, MICHAEL
Address: 10070 BOCA CIR
City-St-Zip: NAPLES, FL 34109

Title: V ( ) Delete
Name: GORMAN, MARILYN
Address: 10070 BOCA CIR
City-St-Zip: NAPLES, FL 34109

Title: V ( ) Delete
Name: MCDONALD, DIANNE
Address: 11 PILGRIM RD
City-St-Zip: PEMBROKE, MA 02359

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GORMAN, MICHAEL
Address: 67 JOHNNYCAKE DR.
City-St-Zip: NAPLES, FL 34110

Title: V (X) Change ( ) Addition
Name: GORMAN, MARILYN
Address: 67 JOHNNYCAKE DR
City-St-Zip: NAPLES, FL 34110

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: MICHAEL GORMAN P 07/07/2005

Electronic Signature of Signing Officer or Director — Date