
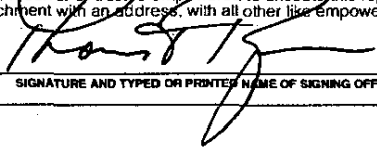


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90056 020 ***150.00

DOCUMENT # P95000062019			
1. Entity Name FOUR WOOD CONSULTING GROUP INC.			
Principal Place of Business 10193 NW 31 ST. CORAL SPRINGS, FL 33065 US		Mailing Address 10193 NW 31 ST. CORAL SPRINGS, FL 33065 US	
2. Principal Place of Business 5601 Coral Ridge Dr. Suite, Apt. #, etc.		3. Mailing Address 1750 University Dr. Suite, Apt. #, etc. # 122	
City & State Coral Springs, FL		City & State Coral Springs, FL	
Zip 33076	Country	Zip 33071	Country US
6. Name and Address of Current Registered Agent THOMAS J. RYAN 10415 NW 69 MANOR PARKLAND, FL 33076		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D RYAN, SHERRY M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, SHERRY M	NAME	
STREET ADDRESS	10385 NW 69 MANOR	STREET ADDRESS	
CITY-ST-ZIP	PARKLAND, FL 33076	CITY-ST-ZIP	
TITLE	D RYAN, THOMAS J <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, THOMAS J	NAME	
STREET ADDRESS	10385 NW 69 MANOR	STREET ADDRESS	
CITY-ST-ZIP	PARKLAND, FL 33076	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date: 2/18/04 Daytime Phone #: 954-752-6303	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			