


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90348 002 \*\*\*150.00

DOCUMENT # P96000015237			
1. Entity Name WOLCORP, INC.			
Principal Place of Business 5145 CITY STREET ORLANDO, FL 32839		Mailing Address 5145 CITY STREET ORLANDO, FL 32839	
2. Principal Place of Business		3. Mailing Address <i>319 N MAGNOLIA AVE</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>ORLANDO FL</i>	
Zip		Zip <i>32801</i>	
Country		Country <i>USA</i>	
4. FEI Number 59-3403992		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SLATER, JOEL K 5145 CITY STREET ORLANDO, FL 32839		7. Name and Address of New Registered Agent Name: <i>JEANNIE L. SKELLEY</i> Street Address (P.O. Box Number is Not Acceptable) <i>319 N MAGNOLIA AVE</i> City: <i>ORLANDO</i> FL Zip: <i>32801</i>	
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: <i>Jeannie L. Skelley</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>4/15/04</i>			
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	DPAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, HENRY	NAME	
STREET ADDRESS	1090 DON MILLS ROAD, SUITE 600	STREET ADDRESS	
CITY-ST-ZIP	DON MILLS, ONTARIO, CANADA,	CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, PAUL	NAME	
STREET ADDRESS	1090 DON MILLS ROAD, SUITE 600	STREET ADDRESS	
CITY-ST-ZIP	DON MILLS, ONTARIO, CANADA,	CITY-ST-ZIP	
TITLE	DVPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLATER, JOEL K	NAME	
STREET ADDRESS	5009 PARK CENTRAL DR	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32839	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, LAURENCE	NAME	
STREET ADDRESS	181 BAY STR STE 2500	STREET ADDRESS	
CITY-ST-ZIP	TORONTO ONTARIO CANADA, m5j 2t7	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 officer 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: <i>Joel K Slater</i>		Date: <i>4/15/04</i> Daytime Phone #: <i>407-902-2502</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			