FILED



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000078446
4 Corneration Name	1 0000010110

	1999 <u> </u>	DIVISION OF CO	DRPORAT	IONS		19
DOCUMENT # P98000078446 1. Corporation Name			99 MAR -4 AM 11: 19			
WEALTHBUILDERS FINANCIAL GROUP, INC.				- French Fill Fill	RIDA	
					ו מנוסת ווותם וונים וווות לווות לווות וווות וווים	BEEL HARRI BIERR BIERR ERRICHDER
Principal Plac	e of Business	Mailing Address			4 (Mariaan till illill) illiti main alliti Afric Illili	0 00 1 18159 0 10 11 0 10 10 W 1515 10 0 I
4300 DEWEY OR. 30 NORTH RING AVE., STE. 400						
HEW PORT RK	XHEY FL-94662	TARPON SPRINGS FL 34689			DO NOT WRITE IN THIS	CDACE
				3. Date Incorporated or Qualifed	SPACE	
					09/01/1998	ľ
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
77/32 Little Road 26				59-3532449	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	
22	<u></u>	27			5. Cermente di Gialda Deamed	Fee Required
	City & State  City & State				6. Election Campaign Financing	<b>\$5.00</b> May Be
23 New Zip	County Zio Co				Trust Fund Contribution	Added to Fees
21.3410		Zip 3	Country 0	y	<ol> <li>This corporation owes the current year Interpretation of the Personal Property Tax.</li> </ol>	anaihi:
24 0 70	9. Name and Address of Current		1		10. Name and Address of New Registered	
			81	Name		<u> </u>
	IIS, GEORGE N		82	Stroot Adde	ress (P.O. Box Number is Not Acceptable)	
	IORTH RING AVE.,STE.400		52	Sileet Addi	ess (P.O. Box Number is Not Acceptable)	
TAR	PON SPRINGS FL 34689		83			
			84	City		85 Zip Code
				'	FL	
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes of Florida Such change was auti	, the abov horized by	e-named corp the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoir	changing its registered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	la Statutes	5.		an
SIGNATURE	Signature, typed or printed name of registered agent	and the discolarity (NOTE D	anintocod Kon	nt signature require	d when re-instature) DATE	
12.	OFFICERS AND		13.	nt signature require	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	· · · · · T · ·		☐Change ☐ Addition
NAME	NOTO, JAMES M		1.2 NAME		<u>පෙතරට්ර්ර්ම්ර්ථ්</u>	708 8
STREET ADDRESS	4366 DEWEY DR.		1.3 STREE	T ADDRESS	-03/10/93·-0 ****150.08	1050**UZ1
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		1.4 CITY - S	ST-ZIP	**************************************	*****130.00
TITLE	D	☐ DELETE	21 TITLE			Change Addition
NAME	MARTINEZ, RICHARD A		22 NAME			
STREET ADDRESS	136 ESPLANADE		23 STREE	TADORESS		
CITY-ST-ZIP	SAN CLEMENTE CA 92672-4258		2 4 CITY-5	ST-ZIP		
TITLE		. DETELE	31 TITLE			[] Change [] Addition
NAME			32 NAME			
STREET HODRESS				TADORESS		
C/TY-ST-ZIP			3.4. CITY-5	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME		☐ DELETE				Change Addition
STREET ADDRESS		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
GITTLE MANESO		☐ DELETE	4. 2 NAME	T ADDRESS		☐ Change ☐ Addition
CITY, ST. 740		□ DELETE	4.2 NAME 4.3 STREE	T ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE		☐ DELETE	4. 2 NAME	(		☐ Change ☐ Addition ☐ Change ☐ Addition
			4. 2 NAME 4.3 STREE 4.4 CITY-S	(		
TITLE			4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	(		
TITLE NAME			4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS		
TITLE NAME STREET ADDRESS			4. 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE	T ADDRESS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T ADDRESS		Change Addition

14. 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 deatify that the informatindicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 1/ 9

President

44199 (187) 843-0151