

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAY 24 PM 3:21

SECRET
TALLAHASSEE, FLORIDA

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02-22-05 01001 013 \$150.00
02222005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000056171
 1. Entity Name
 WALLSTREET-REVIEW FINANCIAL SERVICES, INC.



Principal Place of Business: 11924 FOREST HILL BLVD, STE 22-204, WELLINGTON, FL 33414
 Mailing Address: 11924 FOREST HILL BLVD, STE 22-204, WELLINGTON, FL 33414

2. Principal Place of Business: 1007 N Federal Hwy, Suite, Apt. #, etc. D-6
 3. Mailing Address: 1007 N Federal Hwy, Suite, Apt. #, etc. D-6

City & State: Fort Lauderdale, FL

Zip: FL, Country: US

4. FEI Number: 65-0929456
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DWYER, MATTHEW P
 11924 FOREST HILL BLVD, STE 22-204
 WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name: Matthew P. Dwyer
 Street Address (P.O. Box Number is Not Acceptable): 2015 N. Federal Hwy Suite 3
 City: Tampa Beach, FL, Zip Code: 33619

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: *Matthew P. Dwyer* DATE: 4/22/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PSD NAME: DWYER, MATTHEW P STREET ADDRESS: 11924 FOREST HILL BLVD, STE 22-204 CITY-ST-ZIP: WELLINGTON, FL 33414	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PSD NAME: Matthew P. Dwyer STREET ADDRESS: 1007 N. Federal Hwy Suite 6 CITY-ST-ZIP: Fort Lauderdale FL 33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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 of trust, or 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: *Matthew P. Dwyer* DATE: 4/22/05 DAYTIME PHONE #: 954 323-2516
Signature, typed or printed name of signor, officer or director