


**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90007 019 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 375961</b> 1. Entity Name WIELAND DESIGN ASSOCIATES, INC.	
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Principal Place of Business 7551 ARAGON BLVD., SOUTH UNIT #1 SUNRISE, FL 33313	Mailing Address 7551 ARAGON BLVD., SOUTH UNIT #1 SUNRISE, FL 33313
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54037232



04022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1440069	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent  WIELAND, JAMES T. <del>3611 N PINE ISLAND RD #148</del> <i>7551-1 So. ARAGON BLVD</i> <del>PLANTATION, FL 33318</del> <i>SUNRISE, FL 33313</i>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 <small>Signature, first or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature and print name required)</small>	DATE
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fee:

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V WIELAND, KRENT 371 SE 11 STREET POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P WIELAND, JAMES T <del>3611 N PINE ISLAND RD, #148</del> <i>7551-1 So. ARAGON BLVD</i> <del>PLANTATION, FL 33318</del> <i>SUNRISE, FL 33313</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST WIELAND, ARLENE <i>7551-1 So. ARAGON BLVD</i> <del>3611 N PINE ISLAND RD, #148</del> <i>SUNRISE, FL 33313</i> <del>PLANTATION, FL 33318</del>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE IN THIS SPACE**

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 the 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 empowerments.

SIGNATURE: 	4/14/04
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SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Do not Print