

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005242

FILED
Mar 31, 2005
Secretary of State

Entity Name: WILLOW GLOBAL SERVICES CORP.

Current Principal Place of Business:

4804 HIGHLAND DRIVE
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

4804 HIGHLAND DRIVE
TAMARAC, FL 33319

New Mailing Address:

FEI Number: 58-2563161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PITTER, CARL S
7435 NORTH WEST 57TH STREET
TAMARAC, FL 33319 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: SWANSTON, NEIL T
Address: 4804 HIGHLAND DRIVE
City-St-Zip: TAMARAC, FL 33319

Title: VD () Delete
Name: SWANSTON, SELWYN
Address: 4804 HIGHLAND DRIVE
City-St-Zip: TAMARAC, FL 33319

Title: D () Delete
Name: PITTER, CARL S
Address: 7435 NORTH WEST 57TH ST.
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: SWANSTON, NEIL T
Address: 4804 HIGHLAND DRIVE
City-St-Zip: TAMARAC, FL 33319 US

Title: VD (X) Change () Addition
Name: SWANSTON, SELWYN
Address: 4804 HIGHLAND DRIVE
City-St-Zip: TAMARAC, FL 33319 US

Title: D (X) Change () Addition
Name: PITTER, CARL S
Address: 7435 NORTH WEST 57TH ST.
City-St-Zip: TAMARAC, FL 33319 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL T. SWANSTON

PTSD

03/31/2005

Electronic Signature of Signing Officer or Director

Date