FILED Jan 14, 2004 8:00 am Secretary of State

 ANNUAL	REPORT	JION

	7111110711				•		LL y C	- ~ ~ ~ ~	100
DOCUMENT # F0100003086 1. Entity Name WORLD FINANCIAL GROUP, INC.				01-14-2004 90006 002 ***150.00					
Oringinal Plac	o of Business	Mailing Address			•	22001	7 7 7		
Principal Place of Business Mailing Address 11315 JOHN CREEK PKWY DULUTH, GA 30097 Mailing Address 11315 JOHN CREEK PKWY DULUTH, GA 30097		WY .			÷,.				
					I ISSUES III		n da ni aaraa ann	48 (8) (4(18 8))	
- 87 1 5									
2. Principal Place of Business 11315 JOHNS CREEK PKWY 11315 JOHNS CF Suite, Apt. #, etc. 3. Mailing Address 11315 JOHNS CF Suite, Apt. #, etc.			CREEK	PKWY					
Suite, Apr. *, etc. ATTN: LEGAL DEP		DEPT.		01082004	Chg-P	CR2E03	4 (10/03)		
		City & State			4. FEI Numb			Ap	plied For
DULUTH Zip		DULUTH, GA	Country		42-151	8386			t Applicable
30097	Country USA	30097	USA		5. Certificate	of Status Desired		8.75 Add ee Required	
30037	6. Name and Address of Current R				7. Name and	Address of New F	Registered Ag	jent	
	-		Name						
C T CORPORATION SYSTEM			Street A	Street Address (P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL. 33324			3.70017	100/1000 (1	.0. 000 1401110				
			Ĺ						
			City				FL	Zip Code	•
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	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	Registered Agent signa	ture required s	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.0 Trust Fund Contribution. Added					00 May Be d to Fees				
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND I	DIRECTORS	3 IN 1 <u>1</u>
TITLE	PD	☐ Delete	TITLE	P/C	,,,_		1	Change	☐ Addition
NAME	STONEHOCKER, TIM		NAME	TIM	L. STO	DNEHOCKE	र		Į.
STREET ADDRESS CITY-ST-ZIP	11315 JOHNS CREEK PARKWAY DULUTH, GA 30097		STREET ADDRESS CITY-ST-ZIP	ř		NS CREEK	PARKW	AY ·	
TITLE	VPD	☐ Delete	TITLE	V/D	JTH, GA	30097		Change	Addition
NAME	CRAIG, EDITH W	La Colora	NAME	1 '	rH W. (ים אדם			
STREET ADDRESS	11315 JOHNS CREEK PARKWAY	,	STREET ADDRESS			NS CREEK	משמאם	λ V	
CITY-ST-ZIP	DULUTH, GA 30097		CITY-ST-ZIP			30097	PARKW	A I	
TITLE	SD	☐ Delete	TITLE .	V/S	/D		1	Change	Addition
_ NAME	HAM, SCOTT	,	NAME	sco	rr w. i	HAM	•	** * ₂ =	
STREET ADDRESS CITY-ST-ZIP	11315 JOHNS CREEK PARKWAY DULUTH, GA 30097		STREET ADDRESS CITY-ST-ZIP			NS CREEK	PARKW	ΑY	
TITLE	VP	⊠ Delete	TITLE	AS	J'IH, GA	30097		☐ Change	Addition
NAME	ANDERSON, NEWEL R JR.	20.00	NAME	1	DRE S.	DAVIS		_ •	
STREET ADDRESS	11315 JOHNS CREEK PKWY		STREET ADDRESS	1		NS CREEK	DADEM	AV.	
CITY-ST-ZIP	DULUTH, GA 30097		CITY-ST-ZIP	DIII i	TTH. GA	30097	CHKVM	u T	
TITLE	Т	🔀 Delete	TITLE	T				☐ Change	Addition
NAME	CUMMINGS, WILLIAM G		NAME .	1	AN J. I	HAMILTON			}
STREET ADDRESS	570 CARILLON PARKWAY	-	STREET ADDRESS	1		LON PARKI	WAY		
CITY-ST-ZIP	ST. PETERSBURG, FL 33716120)2	CITY-ST-ZIP	šŤ		BURG, FI	. 3371	<u>6 :</u>	
TITLE	VP	☐ Delete	TITLE	ν		4	1	X Change	☐ Addition
NAME	MOATE, NANCY A	,	NAME	NANG	CY A. I	MOATE			ĺ
STREET ADDRESS	11315 JOHN CREEK PKWY		STREET ADDRESS	1		NS CREEK	PARKW	AY	
CITY-ST-ZIP	DULUTH, GA 30097	1. (0)	CITY-ST-ZIP	<u> </u>	JTH, GA	<u> </u>		·	
12. I hereby of	certify that the information supplied with to on this report or supplemental report is to	nis filing does not qualify for	tne exemption sta v signature shall l	iieo in 5ec hava the s	2001 19.07(3) 2001 19.07(3)	u, rionda Statutes. et as if made under	nummer certif	y inat the in	or director

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DILICES DE LOUIS DE LORE S. DAVIS 1/8/20 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE D	004 770-453-9300 Daytime Phone #
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