2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000000550

1. Entity Name
EXPERDENT CONSULTANTS (U.S.A.), INC.

Principal Place of Business	Mailing Address
1801 EAST CABRILLO BLVD SANTA BARBARA, CA 93108	1801 EAST CABRILLO BLVD SANTA BARBARA, CA 93108

04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3235270
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KIBBE, RON
4200 W. CYPRESS ST., STE 479
TAMPA, FL 33607

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	MANJI, IMTIAZ
STREET ADDRESS	10334 152 A STREET, STE 201
CITY-ST-ZIP	SURREY, BC,
TITLE	VD
NAME	WYSEL, GLEN
STREET ADDRESS	1540 BOLERO DRIVE
CITY-ST-ZIP	MONTECITO, CA
TITLE	S
NAME	DONGIEUX JR, GENE L
STREET ADDRESS	721 SAND POINT RD
CITY-ST-ZIP	CARPINTERIA, CA
TITLE	T
NAME	RICHESITE, HOWARD M
STREET ADDRESS	366 SHEFFIELD DRIVE
CITY-ST-ZIP	MONTECITO, CA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/04-80038-012 150.00

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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 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: Glen Wysel Glen Wysel 4-23-04 805-565-2578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #