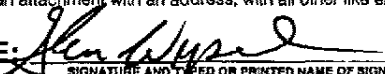


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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 1801 EAST CABRILLO BLVD SANTA BARBARA, CA 93108		Mailing Address 1801 EAST CABRILLO BLVD SANTA BARBARA, CA 93108	
DO NOT WRITE IN THIS SPACE			
		 04232004 No Chg-P CR2E034 (10/03)	
		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		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MANJI, IMTIAZ 10334 152 A STREET, STE 201 SURREY, BC,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WYSEL, GLEN 1540 BOLERO DRIVE MONTECITO, CA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DONGIEUX JR, GENE L 721 SAND POINT RD CARPINTERIA, CA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHESITE, HOWARD M 366 SHEFFIELD DRIVE MONTECITO, CA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Wyse		Date 4-23-04 Daytime Phone # 805-565-2578	