2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000550

RICHESITE, HOWARD M

366 SHEFFIELD DRIVE

City-St-Zip: MONTECITO, CA

Name:

Address:

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

FILED Apr 27, 2005 Secretary of State

Entity Nar	Me: EXPERL	ENT CONSULTANTS (U.S.A.), INC.			
Current Principal Place of Business:				New Principal Place of Business:		
	Γ CABRILLO E ARBARA, CA					
Current Mailing Address:				New Mailing Address:		
	Γ CABRILLO E ARBARA, CA					
FEI Number:	22-3235270	FEI Number Applied For ()	FEI Numbe	er Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	N	ame and Address of	New Registered Agent:	
KIBBE, RON 4200 W. CYPRESS ST., STE 479 TAMPA, FL 33607 US				CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASEE, FL 32301 US		
	named entity e of Florida.	submits this statement for the p	purpose of cl	nanging its registered	office or registered agent, or both,	
SIGNATUR	RE: PETER F	FICOCIELLO			04/27/2005	
	Electro	nic Signature of Registered Ag	ent		Date	
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS	S AND DIREC	TORS:	Α	DDITIONS/CHANGES	TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MANJI, IMTIAZ) Delete TREET, STE 201	Na Ad	le: (nme: ldress: ty-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VD (WYSEL, GLEN 1540 BOLERO MONTECITO, (DRIVE	Na Ad	le: (lume: ldress: ty-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	S (DONGIEUX JR 721 SAND POI CARPINTERIA	NT RD	Na Ad	le: (ime: ldress: ty-St-Zip:) Change () Addition	
Title:	т () Delete	Tit	le: () Change () Addition	

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.

Name:

Address:

City-St-Zip:

	SIGNATURE: I	DAVID BARTON	P	04/27/2005
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