2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90213 026 ***150.00

DOCUMENT # F97000000555

1. Entity Name
ARCHETYPE DISCOVERIES WORLDWIDE, INC.

44044325

Principal Place of Business	Mailing Address
15303 VENTURA BLVD 1650 SHERMAN OAKS, FL 91403	15303 VENTURA BLVD 1650 SHERMAN OAKS, FL 91403

2. Principal Place of Business	3. Mailing Address
15303 Ventura Blvd.	15303 Ventura Blvd
Suite, Apt. #, etc. 1650	Suite, Apt. #, etc. 1650
City & State Sherman Oaks, CA	City & State Sherman Oaks, CA
Zip 91403 Country USA	Zip 91403 Country USA

04272004 Chg-P CR2E034 (10/03)

4. FEI Number 58-2321876 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAPAILLE, PATRICIA 600 N.E. 5TH AVE BOCA RATON, FL 33432	Name Street Address (P.O. Box Number is Not Acceptable) 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 ______ 4/28/04
Signature, typed or printed name of registered agent and title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RAPAILLE, CLOTHAINE		NAME	
STREET ADDRESS	15303 VENTURA BLVD		STREET ADDRESS	
CITY-ST-ZIP	SHERMAN OAKS, ~~FL~~ CA 91403		CITY-ST-ZIP	
TITLE	VSTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RAPAILLE, PATRICIA		NAME	
STREET ADDRESS	15303 VENTURA BLVD		STREET ADDRESS	
CITY-ST-ZIP	SHERMAN OAKS, ~~FL~~ CA 91403		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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)(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: ______ 4/28/04 (818)205-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #