

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G66633

FILED
Apr 07, 2005
Secretary of State

Entity Name: THE WEALTH TRANSFER GROUP, INCORPORATED

Current Principal Place of Business:

283 CRANES ROOST BLVD
SUITE 111
ALTAMONTE SPGS, FL 32701

Current Mailing Address:

283 CRANES ROOST BLVD
SUITE 111
ALTAMONTE SPGS, FL 32701

New Principal Place of Business:

283 CRANES ROOST BLVD
SUITE 145
ALTAMONTE SPGS, FL 32701

New Mailing Address:

283 CRANES ROOST BLVD
SUITE 145
ALTAMONTE SPGS, FL 32701

FEI Number: 59-2392678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLANE, ROBERT C
283 CRANES ROOST BLVD
SUITE 111
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

SLANE, ROBERT C
283 CRANES ROOST BLVD
SUITE 145
ALTAMONTE SPRINGS, FL 32701 US

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.

SIGNATURE:

04/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SLANE, ROBERT C
Address: 1233 WELLINGTON TERR.
City-St-Zip: MAITLAND, FL 32751

Title: V () Delete
Name: SLANE, SANDRA M
Address: 1233 WELLINGTON TERRACE
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SLANE, ROBERT C
Address: 1233 WELLINGTON TERRACE
City-St-Zip: MAITLAND, FL 32751

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ROBERT C. SLANE

PD

04/07/2005

Electronic Signature of Signing Officer or Director

Date