

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J26019

Entity Name: WIZ BIZ SOLUTIONS, INC.

FILED
Apr 04, 2005
Secretary of State

Current Principal Place of Business:

16520 S TAMIAM TRAIL
18-200
FT MYERS, FL 33908

New Principal Place of Business:

13130 WHITE MARSH LANE
204
FORT MYERS, FL 33912

Current Mailing Address:

16520 S TAMIAM TRAIL
18-200
FT MYERS, FL 33908

New Mailing Address:

118 EAST GRANT STREET
HOUSTON, PA 15342

FEI Number: 59-2738588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERONA, PASQUALE
16520 S. TAMIAMI TRAIL
18-200
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

VERONA, PASQUALE
13130 WHITE MARSH
204
FORT MYERS, FL 33912 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: _____

04/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VERONA, PASQUALE A
Address: 16520 S TAMIAMI TRAIL 18-200
City-St-Zip: FT MYERS, FL 33908

Title: VP () Delete
Name: VERONA, FELICIA M
Address: 16520 S TAMIAMI TRAIL 18-200
City-St-Zip: FT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VERONA, PASQUALE A
Address: 118 EAST GRANT STREET
City-St-Zip: HOUSTON, PA 15342

Title: VP (X) Change () Addition
Name: VERONA, FELICIA M
Address: 118 EAST GRANT STREET
City-St-Zip: HOUSTON, PA 15342

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: PASQUALE A VERONA

PD

04/04/2005

Electronic Signature of Signing Officer or Director

Date