## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# J70842

**=** 44 **N** 

FILED May 05, 2004 Secretary of State

| Entity Nai                                    | me: ANGLO                              | CONSOLIDATED, INC.               |   |  |  |
|---|--|----------------------------------|---|--|--|
| Current Principal Place of Business:          |  |                                  | New Principal Plac                          | New Principal Place of Business:             |  |
|   | ELLAS BAYWA<br>ERDE, FL 33             | Y, SUITE #203<br>715             |   |  |  |
| Current Mailing Address:                      |  |                                  | New Mailing Address:                        |  |  |
|   | ELLAS BAYWA<br>ERDE, FL 33             | Y, SUITE #203<br>715             |   |  |  |
| FEI Number:                                   | : 59-2812215                           | FEI Number Applied For()         | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |  |                                  | Name and Address                            | Name and Address of New Registered Agent:    |  |
|   | R, HENRY<br>ELLAS BAYWA<br>ERDE, FL 33 | .Y, SUITE #203<br>715            |   |  |  |
|   | named entity<br>e of Florida.          | submits this statement for the p | ourpose of changing its register            | ed office or registered agent, or both,      |  |
| SIGNATUR                                      | RE:                                    |                                  |   |  |  |
| Electronic Signature of Registered Agent      |  |                                  | ent   | Date   |  |
| Election Car                                  | mpaign Financin                        | g Trust Fund Contribution ( ).   |   |  |  |
| OFFICERS AND DIRECTORS:                       |  |                                  | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | BUTCHER, HE                            | S BAYWAY 203                     | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change( ) Addition                       |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | BUTCHER, HE                            | S BAYWAY 203                     | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | BUTCHER, SIN                           | S BAYWAY, #203                   | Title:<br>Name:<br>Address:<br>City-St-Zip: | () 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.

SIGNATURE: SIMON BUTCHER D 05/05/2004