


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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| DOCUMENT # L01000018323 | |  |
| 1. Entity Name WEALTH POSSIBILITIES GROUP, LLC | | |

FILED
05 APR 14 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| Principal Place of Business 18301 NW 2 COURT, SUITE 900 MIAMI, FL 33169 | Mailing Address 18301 NW 2ND COURT, SUITE 900 MIAMI GARDENS, FL 33169 |
|---|---|



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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

03092005 Chg-LLC CR2E083 (10/03)

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|---|--|--|
| 4. FEI Number 02-0650793 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required |

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent DALLAS, BASIL L 1475 NW 192ND TERRACE MIAMI, FL 33169 | | 7. Name and Address of New Registered Agent Name LEN JOHNSON Street Address (P.O. Box Number is Not Acceptable) 18301 NW 2ND COURT City MIAMI GARDENS FL Zip Code 33169 | |
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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.

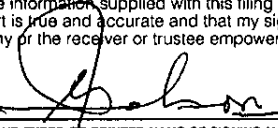
SIGNATURE _____ DATE APRIL 12, 2005

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | |
|---|--|
| Filing Fee is \$50.00 Due by May 1, 2005 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DALLAS, SR, BASIL L 18301 NW 2ND COURT MIAMI GARDENS, FL 33169 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DACOSTA DALLAS, MARGARET 18301 NW 2ND COURT MIAMI GARDENS, FL 33169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JOHNSON, LEN 18301 NW 2ND COURT MIAMI GARDENS, FL 33169 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DALLAS, BORIS L 18301 NW 2ND COURT MIAMI GARDENS, FL 33169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GOULDBOURNE, CHANTAL 18301 NW 2ND COURT MIAMI GARDENS, FL 33169 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 200052067822 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/26/05--01010--007 **310.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  03-10-2005 4/11/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #