
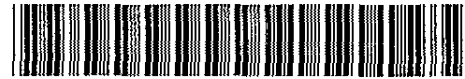


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P0000046456 1. Entity Name EXPERTSNATIONWIDE.COM, INC. |  |
|--|---|



1st MOORE CR2E034 (10/05)

| | |
|---|---|
| Principal Place of Business 608 MISTY POND COURT BRADENTON FL 34212 | Mailing Address 608 MISTY POND COURT BRADENTON FL 34212 |
|---|---|

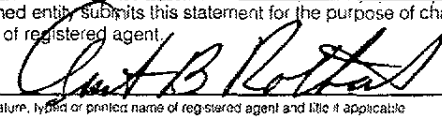
| | | |
|--|----------------------------|---------|
| 2. Principal Place of Business SAME | 3. Mailing Address SAME | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip |
| | | Country |

| | |
|----------------------------------|-------------------------------|
| 4. FEI Number NO-T APPLICABLE | Applied For Not Applicable |
|----------------------------------|-------------------------------|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent ROTHLAND, ANITA B 608 MISTY POND COURT BRADENTON FL 34212 | 7. Name and Address of New Registered Agent Name SAME Street Address (P O. Box Number is Not Acceptable) City FL Zip Code |
|--|--|

| | |
|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|-----------------------------------|

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: 1-27-06

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

| | |
|---|--------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|--------------------------------|

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|----------------------------|----------------------|---------------------------------|
| TITLE | PSTD | |
| NAME | ROTHARD, ANITA B | |
| STREET ADDRESS | 608 MISTY POND COURT | |
| CITY-ST-ZIP | BRADENTON FL 34212 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
|--|---------------------------|---------------------------------|------------------------------|
| TITLE | 100000409005 | | |
| NAME | 02/08/06-80080-016 150.00 | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  DATE: 1-27-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #