


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90021 014 ***150.00

DOCUMENT # P00000088575					
1. Entity Name WORLD FINANCIAL PARTNERS, INC.					
Principal Place of Business 1500 S. CHURCH AVE. TAMPA, FL 33629			Mailing Address 3914 W MCKAY AVENUE TAMPA, FL 33609		
2. Principal Place of Business 4100 W. KENNEDY BLVD Suite, Apt. #, etc. SUITE 301A		3. Mailing Address Suite, Apt. #, etc. SAME			
City & State TAMPA, FLORIDA		City & State TAMPA, FL		4. FEI Number 59-3654137	
Zip 33609		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRUDELLE, WILLIAM A 3914 W MCKAY AVE TAMPA, FL 33609			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4100 W Kennedy Suite 301 A City TAMPA FL. FL Zip Code 33609		
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 <u>William A. Truelle</u> DATE <u>02-19-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC TRUDELLE, WILLIAM 3914 W MCKAY TAMPA, FL 33609		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. 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 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: <u>William A. Truelle</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2-19-04</u> (813) 254-4000 <small>Daytime Phone #</small>		