2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE:

Apr 02_2004 08:00 AM _ Secretary of State DOCUMENT # P01000016744 Entity Name WISE CAPITAL GROUP INC. Principal Place of Business Mailing Address POST OFFICE BOX 5859 POST OFFICE BOX 5859 DESTIN, FL 32540 DESTIN, FL 32540 03252004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FE! Number 59-3705999 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 IN THIS SPACE 8. The above named entity submits this statement for the ourpose 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_ Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. \Box Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME WALSH, ANDY POST OFFICE BOX 5859 STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 TITLE 1:00000101265 WALSH, DENNIS P JR. NAME 04/02/04-80008-008 150.00 POST OFFICE BOX 5859 STREET ADORESS DESTIN, FL 32541 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7/2 TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS

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.

NG OFFICER OR DIRECTOR

Dennis P. Walsh Jr.

FILED