2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000093589

1. Entity Name

CONSUMER BUYING CLUB, INC.



Principal Place of Business

1401 E BROWARD BLVD, STE 300 FT LAUDERDALE, FL 33301

SIGNATURE:

Mailing Address 1401 E BROWARD BLVD, STE 300 FT LAUDERDALE, FL 33301 FILED Apr 26, 2004 08:00 AM—— Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

 04082004
 No Chg-P
 CR2E034 (10/03)

 4. FEI Number 65-1174599
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

DYAL, J. PATRICK 1401 E BROWARD BLVD, STE 300 FT LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

 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					
Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Fi Trust Fund Contribution				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WINSLOW, R.J. 2155 N STATE RD 7 MARGATE, FL 330635713				U00000130094 04/26/04-80103-015 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR