


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90028 043 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P02000005480</b>           |  |
| 1. Entity Name<br><b>WHO SAYS ? INC.</b> |   |

|  |   |
|--|---|
| Principal Place of Business<br><b>4080 N.W. 60TH CIRCLE<br/>BOCA RATON, FL 33496</b> | Mailing Address<br><b>4080 BRIARCLIFF CIRCLE<br/>BOCA RATON, FL 33496</b> |
|--|---|

|   |                       |                     |         |
|---|-----------------------|---------------------|---------|
| 2. Principal Place of Business<br><b>4080 BRIARCLIFF CIRCLE</b> |                       | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |                       | Suite, Apt. #, etc. |         |
| City & State<br><b>BOCA RATON, FL</b>                           |                       | City & State        |         |
| Zip<br><b>33496</b>   | Country<br><b>USA</b> | Zip                 | Country |

10000000



01062005 Chg-P CR2E034 (10/03)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>13-3976326</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent<br><b>NEWMAN, MORTON<br/>6880 LISMORE AVENUE<br/>BOYNTON BEACH, FL 33437</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |
|--|--|---|--|

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 *Morton Newman* **MORTON NEWMAN** 1/6/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                        |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | PD<br>CAMHI, ROY<br>4080 N.W. 60TH CIRCLE<br>BOCA RATON, FL 33496 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | STD<br>NEWMAN, MORTON<br>6880 LISMORE AVENUE<br>BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Morton Newman* **MORTON NEWMAN** 1/6/05 5617332901  
Signature and typed or printed name of signing officer or director Date Daytime Phone #