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2004 FOR PROFIT CORPORATION ANNUAL REPORT

FISION OF CORPORATION DOCUMENT # P02000065574 04 AUG 30 AM 11: 03 1. Entity Name WORLD FINANCIAL CONSULTING, INC. Principal Place of Business Mailing Address 54068750 621 N.W. 53RD STREET, STE. 125 621 N.W. 53RD STREET, STE. 125 BOCA RATON, FL 33487 BOCA RATON, FL 33487 3. Malling Address Principal Place of Business 081120042 Chg-P Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 01-0717303 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Willits Esa WILLITS, RYAN E ESQ Street Address (P.O. Box Number is Not Acceptable) C/O WILLITS & LINZNER, P.A. 1001 W CYPRESS CREEK RD STE 320 120 F Palmetto Park Road- Suite 150 FT LAUDERDALE, FL 33309 Zip Code 33432 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change Addition NAME **GELINAS, JAMES** NAME 621 N.W. 53RD STREET, STE, 125 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 CITY - ST- 7/P Oelete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST - ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ANDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST - ZIP TITLE TOTAL Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 it made under oath; that I am an officer or director of the corporation or the requiver 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 ill changed, or on an attachmish with an address, with all gridal empowered. SIGNATURE: