2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000087720

Entity Name: CWI CONSULTING, INC.

FILED Jan 15, 2004 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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347 5TH ST 347 8TH ST

JACKSONVILLE, FL 32206 JACKSONVILLE, FL 32206

Current Mailing Address: New Mailing Address:

PO BOX 3557 JACKSONVILLE, FL 32206

FEI Number: 56-2288709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SANTORO, THOMAS C ESQ. 1700 WELLS ROAD SUITE 5 ORANGE PARK, FL 32073

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: (X) Change () Addition INGEBRIGTSEN, CATHY INGEBRIGTSEN, CATHY Name: Name: 1328 N. LIBERTY STREET 1913 N. PEARL STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: JACKSONVILLE, FL 32206

Title: PSD () Delete Title: PSD (X) Change () Addition

Name:INGEBRIGTSEN, CATHYName:INGEBRIGTSEN, CATHYAddress:1328 N. LIBERTY STREETAddress:1913 N. PEARL STREETCity-St-Zip:JACKSONVILLE, FL 32206City-St-Zip:JACKSONVILLE, FL 32206

Title: VTD () Delete Title: VTD (X) Change () Addition

Name:INGEBRIGTSEN, NILSName:INGEBRIGTSEN, NILSAddress:1328 N. LIBERTY STREETAddress:1913 NORTH PEARL STREETCity-St-Zip:JACKSONVILLE, FL 32206City-St-Zip:JACKSONVILLE, FL 32206

Title: VTD () Delete Title: VTD (X) Change () Addition Name: INGEBRIGTSEN, NILS Name: INGEBRIGTSEN, NILS

Address: 1328 N. LIBERTY STREET Address: 1913 NORTH PEARL STREET City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: JACKSONVILLE, FL 32206

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHY INGEBRIGTSEN PSD 01/15/2004