

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000087720

Entity Name: CWI CONSULTING, INC.

FILED
Jan 24, 2005
Secretary of State

Current Principal Place of Business:

347 8TH ST
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

PO BOX 3557
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 56-2288709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGEBRIGTSEN, CATHERINE W
P.O.BOX 3557
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

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:

Title: PSD () Delete
Name: INGBRIGTSEN, CATHY
Address: 1913 N. PEARL STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: VTD (X) Delete
Name: INGBRIGTSEN, NILS
Address: 1913 N. PEARL STREET
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: INGBRIGTSEN, CATHY
Address: 303 CALHOUN STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 INGBRIGTSEN

PSD

01/24/2005

Electronic Signature of Signing Officer or Director

Date