

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000102411

FILED
Mar 17, 2004
Secretary of State

Entity Name: BIZWORLD, INC.

Current Principal Place of Business:

4301 GULF SHORE BLVD N STE 1404
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

4301 GULF SHORE BLVD N STE 1404
NAPLES, FL 34103

New Mailing Address:

FEI Number: 01-0746190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'NEILL, WILLIAM R
ROETZEL & ANDRESS
850 PARK SHORE DR 3 FLOOR
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

R & A AGENTS, INC., AN OHIO CORPORATION
850 PARK SHORE DRIVE, THIRD FLOOR
C/O WILLIAM R. O'NEILL, ASST. SECRETARY
NAPLES, FL 341033587 US

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: C/O WILLIAM R. O'NEILL, ASSISTANT SECRETAR

03/17/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: NORINS, LESLIE C
Address: 4301 GULF SHORE BLVD., NORTH, #104
City-St-Zip: NAPLES, FL 34103

Title: VP () Delete
Name: NORINS, ANN H
Address: 4301 GULF SHORE BLVD., NORTH, #104
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LESLIE C. NORINS, M.D., PH.D.

PRES

03/17/2004

Electronic Signature of Signing Officer or Director

Date