2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 08:00 AM DOCUMENT # P02000105107 1. Entity Name **Secretary of State** AMERICAN NATIONAL SALES WORLD EDUCATIONAL RESOURCE SERVICE, INC. Principal Place of Business Mailing Address 14100 WALSINGHAM RD. 14100 WALSINGHAM RD. UNIT 36-112 UNIT 36-112 LARGO, FL 33774 LARGO, FL 33774 04282004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 14-1849603 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HENNING, WILLIAM R SR. DO NOT WRITE 14100 WALSINGHAM RD UNIT 36-112 IN THIS SPACE LARGO, FL 33774 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 05/04/04-80068-003 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE HENNING, WILLIAM R SR NAME STREET ADDRESS 14100 WALSINGHAM RD UNIT 36-112 CITY-ST-ZIP LARGO, FL 33774 TITLE STREET ADDRESS CITY-ST-ZIP TIBLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 it 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECT

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

29/04 518-6106