

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000154037

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: N. C. WEALTH MANAGMENT CORP.

## Current Principal Place of Business:

7463 CONROY WINDERMERE ROAD  
SUITE C  
ORLANDO, FL 32835 US

## Current Mailing Address:

7463 CONROY WINDERMERE ROAD  
SUITE C  
ORLANDO, FL 32835 US

## New Principal Place of Business:

2295 S. HIAWASSEE ROAD  
SUITE 408  
ORLANDO, FL 32835 US

## New Mailing Address:

2295 S. HIAWASSEE RD.  
SUITE 408  
ORLANDO, FL 32835 US

FEI Number: 20-1876813

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURDEN, NICHOLAS A  
7463 CONROY WINDERMERE ROAD  
SUITE C  
ORLANDO, FL 32835 US

## Name and Address of New Registered Agent:

BURDEN, NICHOLAS A  
2295 S. HIAWASSEE ROAD  
SUITE 408  
ORLANDO, FL 32835 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:

04/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BURDEN, NICHOLAS A  
Address: 7463 CONROY WINDERMERE ROAD SUITE C  
City-St-Zip: ORLANDO, FL 32835 US

Title: VP ( ) Delete  
Name: BURDEN, CHRISTOPHER  
Address: 7463 CONROY WINDERMERE ROAD SUITE C  
City-St-Zip: ORLANDO, FL 32835 US

Title: TREA ( ) Delete  
Name: REYNOLDS, MARY  
Address: 7463 CONROY WINDERMERE ROAD SUITE C  
City-St-Zip: ORLANDO, FL 32835 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BURDEN, NICHOLAS A  
Address: 2295 S. HIAWASSEE ROAD, SUITE 408  
City-St-Zip: ORLANDO, FL 32835 US

Title: VP (X) Change ( ) Addition  
Name: BURDEN, CHRISTOPHER  
Address: 2295 S. HIAWASSEE ROAD SUITE 408  
City-St-Zip: ORLANDO, FL 32835 US

Title: TREA (X) Change ( ) Addition  
Name: REYNOLDS, MARY  
Address: 2295 S. HIAWASSEE ROAD SUITE 408  
City-St-Zip: ORLANDO, FL 32835 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: NICHOLAS A BURDEN

PRES

04/30/2006

Electronic Signature of Signing Officer or Director

Date