

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000139657

FILED
Apr 04, 2008
Secretary of State

Entity Name: WIZTECS INTERNATIONAL CORPORATION

Current Principal Place of Business:

1999 UNIVERSITY DRIVE
SUITE #204
CORAL SPRINGS, FL 33071

New Principal Place of Business:

725 SW KOLER AVENUE
PORT SAINT LUCIE, FL 34953

Current Mailing Address:

PO BOX 8972
CORAL SPRINGS, FL 33075

New Mailing Address:

FEI Number: 03-0571841 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOSEIN, INTIKHAB
725 SW KOLER AVENUE
PORT SAINT LUCIE, FL 34953 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: P () Delete
Name: HOSEIN, INTIKHAB
Address: 725 SW KOLER AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: VP () Delete
Name: MOHAMMED-HOSEIN, ZALIKHA
Address: 725 SW KOLER AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

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 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: INTIKHAB HOSEIN

P

04/04/2008

Electronic Signature of Signing Officer or Director

Date