


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**Apr 23
Sec**

DOCUMENT # P05000147383 1. Entity Name WORTH FINANCIAL GROUP, INC.	
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Principal Place of Business 2500 QUANTUM LAKES DRIVE SUITE 203 BOYNTON BEACH, FL 33426	Mailing Address 2500 QUANTUM LAKES DRIVE SUITE 203 BOYNTON BEACH, FL 33426
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04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3763303	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAHN, JEFFREY B ESQ
3300 UNIVERSITY DRIVE SUITE 711
CORAL SPRINGS, FL 33065

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FISCHER, LYNNE 2500 QUANTUM LAKES DRIVE SUITE 203 BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEORGE, PHILIP F 2500 QUANTUM LAKES DRIVE SUITE 203 BOYNTON BEACH, FL 33426
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05/04/07-80046-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lynne Fischer* LYNNE FISCHER 4/10-07 561-853-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #