
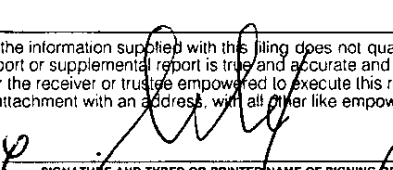


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR 27 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000052397			
1. Entity Name 2INVESTWISE, INC.			
Principal Place of Business 7086 SW 48TH LANE MIAMI, FL 33156 US		Mailing Address 7086 SW 48TH LANE MIAMI, FL 33155 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8201 SW 124 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI FLORIDA	
Zip	Country	Zip	Country
		33156	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEVINE, MICHAEL D 7086 SW 48TH LANE MIAMI, FL 33155		Name Street Address (P.O. Box Number is Not Acceptable) 8201 SW 124 STREET City MIAMI FL Zip Code 33156	
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  (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVINE, MICHAEL D 7086 SW 48TH LA NE MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300103025799 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/22/07--01035--013 **200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date Daytime Phone #	