


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90091 044 \*\*\*150.00

<b>DOCUMENT # P06000117013</b>	
1. Entity Name <b>WORTHINGTON FINANCIAL CONSULTANTS, INC.</b>	

Principal Place of Business <b>630 S. SAPODILLA AVENUE PH-1 WEST PALM BEACH, FL 33401 US</b>	Mailing Address <b>1514 NORTH DIXIE HIGHWAY HOLLYWOOD, FL 33020 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>415 WEST HALLANDALE BEACH BLVD.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>HALLANDALE BEACH, Florida</b>
Zip	Zip <b>33009</b>
Country	Country <b>USA</b>



01242007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-5532173</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>SOUTH FLORIDA TAX, INC. 1514 NORTH DIXIE HIGHWAY HOLLYWOOD, FL 33020</b>	7. Name and Address of New Registered Agent Name <b>South Florida Tax, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>415 WEST HALLANDALE BEACH BLVD.</b> City <b>HALLANDALE BEACH</b> FL Zip Code <b>33009</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>WERNER, THEODORE 630 S. SAPODILLA AVENUE, PH-1 WEST PALM BEACH, FL 33401</b>	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
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:** *Theodore Werner* **THEODORE WERNER** 01/24/07 561-317-0675  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #