

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000064754

FILED
Jul 11, 2005
Secretary of State

Entity Name: L.C.W. CAREER CONSULTING CORP.

Current Principal Place of Business:

6622 SOUTHPOINT DRIVE S.
SUITE 340
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

17950 PRESTON RD
SUITE 1070
DALLAS, TX 75252 US

New Mailing Address:

6622 SOUTHPOINT DRIVE S
SUITE 340
JACKSONVILLE, FL 32216 US

FEI Number: 26-2857871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLURE, IAN
6622 SOUTHPOINT DRIVE S.
SUITE 340
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

COY, GEOFF
6622 SOUTHPOINT DRIVE S.
SUITE 340
JACKSONVILLE, FL 32216 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: GEOFF COY

07/11/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: WEINGER, JEROLD
Address: 192 LEXINGTON AVE., 1ST FLOOR
City-St-Zip: NEW YORK, NY 10016

Title: VPD () Delete
Name: COY, GEOFF
Address: 7406 JAGER CT.
City-St-Zip: CINCINNATI, OH 45230

Title: VPSD (X) Delete
Name: MCCLURE, IAN
Address: 17950 PRESTON RD., SUITE 1070
City-St-Zip: DALLAS, TX 75252

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: COY, GEOFF
Address: 6622 SOUTHPOINT DRIVE S
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GEOFF COY

VPD

07/11/2005

Electronic Signature of Signing Officer or Director

Date