

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2004 8:00 am
Secretary of State

05-18-2004 90003 001 ***150.00

DOCUMENT # P95000003109

1. Entity Name
CONSORTIUM 2000 LTD., INC.



Principal Place of Business
**2501 WESTGATE AVE.
 #4
 WEST PALM BEACH, FL 33409**

Mailing Address
**2501 WESTGATE AVE.
 #4
 WEST PALM BEACH, FL 33409**

54054650



2. Principal Place of Business
629 Executive Center Dr.

3. Mailing Address
629 Executive Center Drive

Suite, Apt. #, etc.
J-101

Suite, Apt. #, etc.
J-101

05052004 Chg-P CR2E034 (10/03)

City & State
West Palm Beach FL

City & State
West Palm Beach FL

4. FEI Number
65-0551046

Applied For
 Not Applicable

Zip
33401

Country
USA

Zip
33401

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COLLINS, JOHN M
 2501 WESTGATE AVENUE
 SUITE 4
 WEST PALM BEACH, FL 33409**

7. Name and Address of New Registered Agent

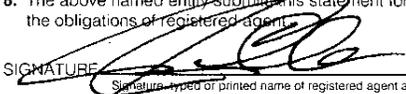
Name
Collins, John M

Street Address (P.O. Box Number is Not Acceptable)
629 Executive Center Drive

Suite, Apt. #, etc.
Suite J-101

City **West Palm Beach** **FL** Zip **33401**

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 **May 14, 2004**

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

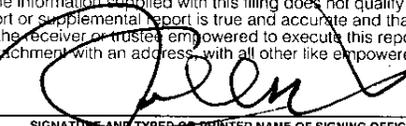
**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS COLLINS, JOHN 1701 E. 12TH STREET, 18-A WEST CLEVELAND, OH 44114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Collins, III John 4270 East Capital Street NE Washington D.C. 20019 <input checked="" 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
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 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 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 **May 14, 2004**

Signature typed or printed name of signing officer or director Date Daytime Phone #