


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90197 050 \*\*\*150.00

<b>DOCUMENT # P95000028726</b>	
1. Entity Name <b>WEALTH STRATEGIES, INC.</b>	

Principal Place of Business <b>10210 WEST SAMPLE RD. CORAL SPRINGS, FL 33065 US</b>	Mailing Address <b>10210 WEST SAMPLE RD. CORAL SPRINGS, FL 33065 US</b>
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2. Principal Place of Business <b>10180 NW 39<sup>th</sup> CT.</b> Suite, Apt. #, etc.	3. Mailing Address <b>10180 NW 39<sup>th</sup> CT.</b> Suite, Apt. #, etc.
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City & State <b>CORAL SPRINGS, FLORIDA</b>	City & State <b>CORAL SPRINGS, FLORIDA</b>
Zip <b>33065</b>	Country <b>USA</b>
Zip <b>33065</b>	Country <b>USA</b>



04222005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0628951</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>CORPORATION INFORMATION SERVICES, INC. 1201 HAYS ST TALLAHASSEE, FL 32301</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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, 2005 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	<b>P GEORGE R. DAVIES 10180 NW 39TH CT. CORAL SPRINGS, FL 33065</b> <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
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 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:**  **4/24/05** **561-740-4420**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #