


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

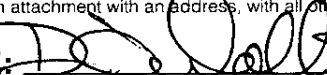
04-23-2004 90263 021 ***150.00

DOCUMENT # P95000078316			
1. Entity Name AUDITING & CONSULTING PROFESSIONALS, INC.			
Principal Place of Business 9042 STATE RD 84 DAVIE FL 33324 US		Mailing Address 1304 SW 160TH AVENUE STE 631 FORT LAUDERDALE FL 33326	
2. Principal Place of Business 393 CARLINGTON		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WESTON FL		City & State	
Zip 33326	Country BROWARD	Zip	Country
6. Name and Address of Current Registered Agent LAMPERT, SCOTT L 1701 W HILLSBORO BLVD STE 302 DEERFIELD BEACH FL 33442		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004: Fee will be \$550.00 Make Check Payable to Florida Department of State		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	D WOLTER, DUANE R 1304 SW 160TH AVENUE STE 631 FORT LAUDERDALE FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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MOORE CR2E034 (11/03)

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:  **DUANE WOLTER** **9/20/03 909-589-3230**

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