


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90538 017 ***150.00

DOCUMENT # P96000015478 1. Entity Name T. WISE TECHNICAL ILLUSTRATOR, INC.																							
Principal Place of Business 513 U.S. HIGHWAY #1 #218 NORTH PALM BEACH, FL 33408			Mailing Address 513 U.S. HIGHWAY #1 #218 NORTH PALM BEACH, FL 33408																				
2. Principal Place of Business 725 Hummingbird Way Suite, Apt. #, etc. #104			3. Mailing Address 725 Hummingbird Way Suite, Apt. #, etc. #114																				
City & State North Palm Bch, FL			City & State N. Palm Bch, FL																				
Zip 33408			Zip 33408																				
4. FEI Number 65-0662217			Applied For <input type="checkbox"/> Not Applicable																				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			Chg-P CR2E034 (10/03)																				
6. Name and Address of Current Registered Agent WISE, TED 513 U.S. HIGHWAY #1 #218 NORTH PALM BEACH, FL 33408			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 725 Hummingbird Way #114 City North Palm Bch FL Zip Code 33408																				
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 <i>Theodore Wise</i> Theodore Wise 4/29/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE D</td> <td style="width:40%;">NAME WISE, TED</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>513 U.S. HIGHWAY #1 #218</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NORTH PALM BEACH, FL 33408</td> <td></td> </tr> </table>			TITLE D	NAME WISE, TED	<input type="checkbox"/> Delete	STREET ADDRESS	513 U.S. HIGHWAY #1 #218		CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>725 Hummingbird Way</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>North Palm Bch, FL 33408</td> <td></td> </tr> </table>			TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	725 Hummingbird Way		CITY-ST-ZIP	North Palm Bch, FL 33408	
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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: <i>Theodore Wise</i> Theodore Wise 4/29/05 561-840-8080 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																							

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