2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000047696

FILED Apr 20, 2004 Secretary of State

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Entity Name: WEALTH INTELLIGENCE NETWORK, INC.	
Current Principal Place of Business:	New Principal Place of Business:
1612 EAST CAPE CORAL PARKWAY CAPE CORAL, FL 33904	
Current Mailing Address:	New Mailing Address:
1612 EAST CAPE CORAL PARKWAY, SUITE A CAPE CORAL, FL 33904	
FEI Number: 59-3412656 FEI Number Applied For() FE	Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
CODE, MARIE B 1612 EAST CAPE CORAL BLVD. CAPE CORAL, FL 33904 US	
The above named entity submits this statement for the purpoin the State of Florida.	se of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: PD () Delete Name: WHITNEY, RUSSELL Address: 4818 CORONADO PARKWAY City-St-Zip: CAPE CORAL, FL 33904	Title: PD (X) Change () Addition Name: WHITNEY, RUSSELL Address: 1612 E. CAPE CORAL PARKWAY City-St-Zip: CAPE CORAL, FL 33904

City-St-Zip: CAPE CORAL, FL 33904

() Delete SIMON, RONALD Name:

Address: 1342 COLONIAL BLVD., SUITE 22 FORT MYERS, FL 33907 City-St-Zip:

Title: () Delete Name: FRANCIS, JAMES Address:

1612 E CAPE CORAL PKWY City-St-Zip: CAPE CORAL, FL 33904

Title: STD (X) Change () Addition

SIMON, RONALD Name:

Address: 1612 E. CAPE CORAL PKWY FORT MYERS, FL 33907 City-St-Zip:

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: RONALD SIMON STD 04/20/2004