2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2004 8:00 am Secretary of State

DOCUMENT # P96000090627 1. Entity Name INVESTORS GROUP HOLDINGS, INC. Principal Place of Business Mailing Address					. 02-24-2004 90009 023 ***150.00				
Principal Place of Business 101 EAST KENNEDY BLVD SUITE 3300 TAMPA, FL 33602		Mailing Address 101 EAST KENNEDY BLVD SUITE 3300 TAMPA, FL 33602				-		5401	
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		· .	02022004	Chg-P		34 (10/03)	
City & State		City & State			4. FEI Number 59-3410	214			plied For
Zip	Country	Zip	Cour	ntry	5. Certificate of	·		\$8.75 Add	litional
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New Re	egistered.		
				Name					
GORDON, BRAD A 101 EAST KENNEDY BLVD SUITE 9925 3300 4— Change Suite# TAMPA, FL 33602			F	Street Address	(P.O. Box Number	is Not Acceptable)	*****	
17 (14)1 1 1, 1	2 00002			City			FL	Zip Code	e ·
	e named entity submits this statement for tions of registered agent.	or the purpose of changing it	ts register	ed office or registe	red agent, or both,	in the State of Flo	rida. I am	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and little if applicable. — (NO	TE: Conintere	ed Agent signature require	d who esignation		DATE-		
	organistic, typed of printed name of regulatered agont	and her repplication - (re-							
Pes	E NOWALL EEE 10 \$450.00	9. Election Camp	<u>:</u>						
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2. 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 all address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-03-04

(B13)318-9444

Daytime Phone #