2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91067 036 ***150.00

DOCUMENT # P98000007930

1. Entity Name
WIZARD TELECOMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
2117 HOLLYWOOD BLVD. SUITE 308 HOLLYWOOD, FL 33020	2117 HOLLYWOOD BLVD. SUITE 308 HOLLYWOOD, FL 33020

04192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7108 Beracasa Way	7108 Beracasa Way
Suite, Apt. #, etc.: PMB-272	Suite, Apt. #, etc.: PMB-272
City & State: Boca Raton FL	City & State: Boca Raton FL
Zip: 33433 Country: USA	Zip: 33433 Country: USA

4. FEI Number: 65-0811388 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS E. MORGAN
2117 HOLLYWOOD BLVD, SUITE 308
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name: Thomas E. Morgan
Street Address (P.O. Box Number is Not Acceptable): 7108 Beracasa Way #272
City: Boca Raton FL Zip Code: 33433

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: Thomas E. Morgan DATE: 4-25-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☒ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	MORGAN, THOMAS E	NAME	Morgan, Thomas E
STREET ADDRESS	2117 HOLLYWOOD BLVD. SUITE 308	STREET ADDRESS	7108 Beracasa Way PMB 272
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP	Boca Raton FL 33433
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Thomas E. Morgan 4-25-04 850-562-5474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #