2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000028982

FILED Apr 20, 2004 Secretary of State

Entity Nar	me: THE PREG	CISION FINANCIAL GROUP, I	NC.			
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
2710 DEL	PRADO BLVD.					
# 2-257 CAPE COI	RAL, FL 33904	US				
	ailing Address		New Maili	ng Address:		
2710 DEL PRADO BLVD.			_			
# 2-257		110				
	RAL, FL 33904					
FEI Number:	: 65-0998038	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
WOOD, AI 3606 SE 13 CAPE COI		US				
	named entity s e of Florida.	ubmits this statement for the p	urpose of changing i	ts registered office or registered agent, or bot	:h,	
SIGNATUR	RE:					
	Electroni	c Signature of Registered Age	nt	Date	_	
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	WOOD, COREY	O BLVD. # 2-257	Title: Name: Address: City-St-Zip:	C (X) Change () Addition WOOD, COREY M 2710 DEL PRADO BLVD. # 2-257 CAPE CORAL, FL 33904		
Title: Name: Address: City-St-Zip:	WOOD, ERIK O	Delete O BLVD. # 2-257 'L 33904	Title: Name: Address: City-St-Zip:	CEO (X) Change () Addition WOOD, ERIK O 2710 DEL PRADO BLVD. # 2-257 CAPE CORAL, FL 33904		
Title: Name: Address: City-St-Zip:	DEGROFF, DAV	O BLVD. #2-257	Title: Name: Address: City-St-Zip:	P (X) Change () Addition HARLEY, MCCOY D 2710 DEL PRADO BLVD. #2-257 CAPE CORAL, FL 33904		
Title: Name: Address: City-St-Zip:	MANNELLA, REI	O BLVD. #2-257	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	S () RICHARDS, NAC 2710 DEL PRAD CAPE CORAL E	O BLVD #2-157	Title: Name: Address: City-St-Zin:	() Change () Addition		

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: COREY M. WOOD С 04/20/2004