2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# S39925

Entity Name: INTERCONTINENTAL WARRANTY SERVICES, INC.

Current Principal Place of Business:

600 W HILLSBORO BLVD #250
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

Current Mailing Address:

600 W HILLSBORO BLVD #250
STE 250
DEERFIELD BEACH, FL 33441 US

New Mailing Address:

FEI Number: 65-0276779 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TOTTEN, PATRICK P
Address: 831 NW 84TH DR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: TVF ( ) Delete
Name: ANDREW, WILLIAM J
Address: 2408 NEW HAVEN DR
City-St-Zip: NAPERVILLE, IL 60564

Title: VA ( ) Delete
Name: HESS, RICHARD B
Address: 809 GRANT ST
City-St-Zip: BARTLETT, IL 60103

Title: VP ( ) Delete
Name: TORRES, SANDRA
Address: 15470 SW 155TH AVE
City-St-Zip: MIAMI, FL

Title: SVIA ( ) Delete
Name: WRIGLEY, JUDY L
Address: 895 CARLSBAD CT
City-St-Zip: ELGIN, IL 60123

Title: D ( ) Delete
Name: HAWK, JAMES H
Address: 514 W ALDINE
City-St-Zip: CHICAGO, IL 60123

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: TOTTEN, PATRICK P
Address: 831 NW 84TH DR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: PATRICK P TOTTEN PRES 04/26/2004
Electronic Signature of Signing Officer or Director Date