


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 741389**  
1. Entity Name  
**WIRA CHRISTMAS KIDS, INC.**



Principal Place of Business      Mailing Address  
8245 BUSINESS PARK DR.      14105 ANGLE ROAD  
PORT ST. LUCIE, FL 34952 US      FORT PIERCE, FL 34945 US

**DO NOT WRITE IN THIS SPACE**



02222006 No Chg-NP CR2E037 (11/05)

4. FEI Number: **59-1829834**      Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DUNN, CLEOPATRA**  
**14105 ANGLE ROAD**  
**FORT PIERCE, FL 34945**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WYATT, CAROL 444 SOUTHWEST JACKSON PLACE PORT SAINT LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUNN, CLEOPATRA 14105 ANGLE ROAD FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURCHFIELD, ED 924 C SAVANNA'S POINT DRIVE FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, JANE 2003 ESPLANDE AVENUE FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYATT, GREG 444 SOUTHWEST JACKSON PLACE PORT SAINT LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, EARNEST 14105 ANGLE ROAD FORT PIERCE, FL 34945

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03/22/06-80031-018 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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:** *Cleopatra B. Dunn* **CLEOPATRA B. DUNN**      *3-9-2006* **3-9-2006 (772-461-5936)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #