2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006
Secretary of State

DOCUMENT# J98920

Entity Name: W.C. DATA, INC.

Current Principal Place of Business:

1779 N. CONGRESS AVE
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

1800 OLD OKEECHOBEE RD
SUITE 100
WEST PALM BEACH, FL 33409 US

Current Mailing Address:

C/O DAVID A DANIELSON
1779 N. CONGRESS AVE
WEST PALM BEACH, FL 33401 US

New Mailing Address:

C/O DAVID A DANIELSON
4491 W. SANDINGHAM ST.
FAYETTEVILLE, AR 72704 US

FEI Number: 65-0041299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DANIELSON, DAVID A MR.
1779 N. CONGRESS AVE
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

CLARKE, JOHN B
1800 OLD OKEECHOBEE RD
SUITE 100
WEST PALM BEACH, FL 33409 US

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: JOHN B. CLARKE 01/13/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: DANIELSON, DAVID A.,
Address: 1779 N. CONGRESS AVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: P ( ) Delete
Name: PARRISH, CLYDE,
Address: 4004 LIGUSTRUM DR.
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change ( ) Addition
Name: DANIELSON, DAVID A.,
Address: 4491 W. SANDINGHAM ST
City-St-Zip: FAYETTEVILLE, AR 72704

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 Chapter 119, 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: DAVID A. DANIELSON DS 01/13/2006
Electronic Signature of Signing Officer or Director Date