

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

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000005488
1. Entity Name
THE WORD PLUS, INC.



Principal Place of Business
**7954 ROYAL BIRKDALE CIR.
BRADENTON, FL 34202**

Mailing Address
**7954 ROYAL BIRKDALE CIR.
BRADENTON, FL 34202**



03202006 No Chg-NP CR2E03T (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0967209	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, VERSA CAROLYN
7954 ROYAL BIRKDALE CIR.
BRADENTON, FL 34202**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature: typed or printed name of registered agent and state if applicable.

**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	DP WILLIAMS, VERSA CAROLYN 7954 ROYAL BIRKDALE CIR. BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILLIAMS, BRUCE L 7954 ROYAL BIRKDALE CIR. BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEM, BARBARA L 7954 ROYAL BIRKDALE CIR. BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, BRIAN L REV 7954 ROYAL BIRKDALE CIR. BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, BRENDA L 7954 ROYAL BIRKDALE CIR. BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CASHELL, KAREN M 7954 ROYAL BIRKDALE CIR. BRADENTON, FL 34202

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03/12/06 80061-021 61.25

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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: Versa C. Williams **3-23-06** **(941) 907-0172**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #