


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 01, 2006 8:00 am
Secretary of State

04-27-2006 90174 002 ***158.75

DOCUMENT # P96000009298

1. Entity Name
4WHAT, INC.



Principal Place of Business
24017 PRODUCTION CIRCLE
BONITA SPRINGS, FL 34135 US

Mailing Address
PO BOX 327
KENT CITY, MI 49330 US

DO NOT WRITE IN THIS SPACE



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0638732

Applied For
Not Applicable

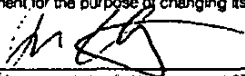
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COSSETTA, JIM
8430 HOLLOW BROOKE CIRCLE
NAPLES, FL 34119

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:  DATE: _____

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

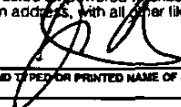
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COSSETTA, JIM 8430 HOLLOW BROOKE CIRCLE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ESCH, THOMAS J 90 SPRING STREET KENT CITY, MI 49330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MASTRO, WADE 8451 HOLLOW BROOKE CIRCLE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ATWOOD, REID 518 96TH AVE NORTH NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT, RICHARD J 90 SPRING ST KENT CITY, MI 49330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOODFELLOW, RANDALL E 90 SPRING STREET KENT CITY, MI 49330

DO NOT WRITE IN THIS SPACE

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 607, 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:  Date: 5/25/06 2399499334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #