

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90301 044 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               |                                                                                                                        |                                                                                                                                                                             |                                                                                                                                                                          |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # P05000060711</b><br>1. Entity Name<br><b>WF DEVELOPMENT VENTURES I CORP.</b><br><div style="text-align: center; margin-top: 10px;">1555</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               |                                                                                                                        |                                                                                                                                                                             |                                                                                                                                                                          |                                                                              |
| Principal Place of Business<br><del>324 ROYAL PALM WAY</del> <b>1555 PALM BEACH LAKES BLVD</b><br><del>209</del> <b>414</b><br><del>PALM BEACH, FL 33480</del> <b>WEST PALM BEACH, FL 33401</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               |                                                                                                                        |                                                                                                                                                                             | Mailing Address<br><del>324 ROYAL PALM WAY</del> <b>1555 PALM BEACH</b><br><del>209</del> <b>414</b><br><del>PALM BEACH, FL 33480</del> <b>WEST PALM BEACH, FL 33401</b> |                                                                              |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               | 3. Mailing Address                                                                                                     |                                                                                                                                                                             |                                                                                                                                                                          |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               | Suite, Apt. #, etc.                                                                                                    |                                                                                                                                                                             |                                                                                                                                                                          |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               | City & State                                                                                                           |                                                                                                                                                                             |                                                                                                                                                                          |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               | Country                                                                                                                |                                                                                                                                                                             | 4. FEI Number<br><b>20-2737806</b><br>Applied For<br><input type="checkbox"/> Not Applicable                                                                             |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               | Country                                                                                                                |                                                                                                                                                                             | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                          |                                                                              |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               |                                                                                                                        |                                                                                                                                                                             | 7. Name and Address of New Registered Agent                                                                                                                              |                                                                              |
| <b>FALK, MICHAEL</b><br><b>342 ROYAL PALM WAY</b><br><b>209</b><br><b>PALM BEACH, FL 33480</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |                                                                                                                        |                                                                                                                                                                             | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="text-align: right;"><b>FL</b> Zip Code</div>                                   |                                                                              |
| 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 reappointing) _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |                                                                                                                        |                                                                                                                                                                             |                                                                                                                                                                          |                                                                              |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                             |                                                                                                                                                                          |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                       |                                                                                                                                                                          |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P</b><br><b>FALK, MICHAEL</b><br><del>342 ROYAL PALM WAY # 209</del><br><del>PALM BEACH, FL 33480</del>    | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              | <b>1555</b><br><del>1555 PALM BEACH LAKES BLVD #414</del><br><del>WEST PALM BEACH FL 33401</del>                                                                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VP</b><br><b>WEPRIN, SCOTT</b><br><del>342 ROYAL PALM WAY # 209</del><br><del>PALM BEACH, FL 33480</del>   | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              | <b>1555</b><br><del>1555 PALM BEACH LAKES BLVD #414</del><br><del>WEST PALM BEACH FL 33401</del>                                                                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VP</b><br><b>WEPRIN, WILLIAM</b><br><del>342 ROYAL PALM WAY # 209</del><br><del>PALM BEACH, FL 33480</del> | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              | <b>1555</b><br><del>1555 PALM BEACH LAKES BLVD #414</del><br><del>WEST PALM BEACH FL 33401</del>                                                                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VP</b><br><b>FALK, HARVEY</b><br><del>342 ROYAL PALM WAY # 209</del><br><del>PALM BEACH, FL 33480</del>    | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              | <b>1555</b><br><del>1555 PALM BEACH LAKES BLVD #414</del><br><del>WEST PALM BEACH FL 33401</del>                                                                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              |                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              |                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: _____<br>(Signature and typed or printed name of signing officer or director)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               |                                                                                                                        | <div style="text-align: right;"> <b>4/4/06</b><br/>         Date       </div> <div style="text-align: right;"> <b>561-478-6400</b><br/>         Office Phone #       </div> |                                                                                                                                                                          |                                                                              |