


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90414 009 ***150.00

DOCUMENT # 187061
 1. Entity Name
WYNNEWOOD GIFTS, INC.



Principal Place of Business % MICHAEL BROWN 3195 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	Mailing Address % MICHAEL BROWN 3195 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
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50008792



03062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0752887	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 MICHAEL S. BROWN
 3195 PONCE DE LEON BLVD.
 CORAL GABLES, FL 33134

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 _____

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	PD HERTZ, ARTHUR H. 3195 PONCE DE LEON BLVD. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST BROWN, MICHAEL S. 3195 PONCE DE LEON BLVD. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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:  **3-10-06** **305-529-1414**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

50008792



P.O. BOX 14-1609
CORAL GABLES, FLORIDA 33114
Telephone: (305) 529-1400
Facsimile: (305) 529-1499

WOMETCO
Enterprises, Inc.

March 30, 2006

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

Enclosed please find the following 2006 Uniform Business Reports and checks:

- * Sawgrass Investment Corp. J43343-
- * Theatre Realty, Inc. H98857
- * Rickenbacker Construction, Inc. P01000049103
- * Marine Exhibition Corp. 176396
- * Wynnewood Gifts, Inc. 187061
- * Saam Building, Inc. M37162
- * Wometco Enterprises, Inc. P06188

Sincerely,

A handwritten signature in cursive script that reads "Ana M. Toledo".

Ana M. Toledo
Vice President

AMT/is
Enclosures