


2006 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90186 028 ***150.00

DOCUMENT # 270031

1. Entity Name
SIX WHEELS, INC.



Principal Place of Business
 324 E. PAR ST
 SUITE 2
 ORLANDO, FL 32804

Mailing Address
 324 E. PAR ST
 SUITE 2
 ORLANDO, FL 32804


2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
666 Seminole Drive
 Suite, Apt. #, etc.

City & State
 Winter Park, FL

Zip
 32789

Country
 USA



04102006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

ARNOLD, JOHN R
666 SEMINOLE DRIVE
WINTER PARK, FL 32789

4. FEI Number
59-1371550

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME ARNOLD, MD, JOHN R	TITLE	NAME
STREET ADDRESS 666 SEMINOLE DR.	CITY-ST-ZIP WINTER PARK, FL 32804	STREET ADDRESS	CITY-ST-ZIP
TITLE S	NAME PRINCE, B. THOMAS MD	TITLE	NAME
STREET ADDRESS 409 BALMORAL DR.	CITY-ST-ZIP WINTER PARK, FL 32789	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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: *John R Arnold* **president** **4-11-06** **(407) 644-5779**

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