## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 307974**

FILED Apr 20, 2006 Secretary of State

Entity Name: WEALTH MANAGEMENT SOLUTIONS, INC.

Current Principal Place of Business:			New Principal Place of Business:		
248 S NOI P O BOX <sup>-</sup> /ENICE, F					
Current Mailing Address:			New Mailing Address:		
248 S NOI P O BOX <sup>.</sup> /ENICE, F					
El Number	: 59-1377061	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:		
	R,D GRADY KOMIS AVE FL 33595 US	3			
•	L 33333				
rhe above			ourpose of changing its registered	d office or registered agent, or both,	
rhe above	named entity se of Florida.		ourpose of changing its registered	d office or registered agent, or both,	
Γhe above n the State	named entity s e of Florida. RE:			d office or registered agent, or both,  Date	
The above n the State	named entity set of Florida.  RE: Electron	ubmits this statement for the p			
The above n the State BIGNATUI	named entity set of Florida.  RE: Electron	ubmits this statement for the place of Signature of Registered Age  Trust Fund Contribution ( ).	ent		
The above n the State SIGNATUI Election Car DFFICER SIGNATUI SIGNATURE SIGNA	named entity set of Florida.  RE: Electron  mpaign Financing  S AND DIRECT	ubmits this statement for the price Signature of Registered Age Trust Fund Contribution ( ).  FORS:  Delete RADY, S AVE.	ent  ADDITIONS/CHANGE	Date	
The above n the State BIGNATUI	e named entity see of Florida.  RE: Electron mpaign Financing S AND DIRECT  D () HOUGH JR,D G 248 S. NOKOMI VENICE, FL 34:	ubmits this statement for the price Signature of Registered Age Trust Fund Contribution ( ).  FORS:  Delete RADY, S AVE. 285  Delete	ent  ADDITIONS/CHANGE  Title:  Name:  Address:	Date ES TO OFFICERS AND DIRECTORS	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

	SIGNATURE:	D. GRADY HOUGH, III	Р	04/20/2006
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