

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 364676

FILED
Feb 21, 2006
Secretary of State

Entity Name: WEKIWA GARDENS, INC.

Current Principal Place of Business:

496 NORTH LAKE PLEASANT ROAD
APOPKA, FL 327123902

New Principal Place of Business:

Current Mailing Address:

496 NORTH LAKE PLEASANT ROAD
APOPKA, FL 327123902

New Mailing Address:

FEI Number: 59-1293211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELLINGER, PAUL
496 N LK PLEASANT RD
APOPKA, FL 327123902 US

Name and Address of New Registered Agent:

BELLINGER, PAUL L
496 N LK PLEASANT RD
APOPKA, FL 327123902 US

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.

SIGNATURE: PAUL L. BELLINGER

02/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: BELLINGER, MARIANNE,
Address: 496 N LK PLEASANT RD
City-St-Zip: APOPKA, FL 00000,

Title: P () Delete
Name: BELLINGER, PAUL,
Address: 496 N LK PLEASANT RD
City-St-Zip: APOPKA, FL 00000,

Title: ST () Delete
Name: MARKLE, A KATHREIN,
Address: 2422 LIELA LEE COURT
City-St-Zip: OCOEE, FL

Title: V () Delete
Name: BELLINGER, H. PAUL,
Address: 106 INGRAM CIRCLE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: BELLINGER, MARIANNE,
Address: 496 N LK PLEASANT RD
City-St-Zip: APOPKA, FL 32712

Title: P (X) Change () Addition
Name: BELLINGER, PAUL L,
Address: 496 N LK PLEASANT RD
City-St-Zip: APOPKA, FL 32712

Title: ST (X) Change () Addition
Name: MARKLE, A KATHREIN,
Address: 2422 LIELA LEE COURT
City-St-Zip: OCOEE, FL 34761

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: A. KATHREIN MARKLE

ST

02/21/2006

Electronic Signature of Signing Officer or Director

Date