


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

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| DOCUMENT # 375961 1. Entity Name WIELAND DESIGN ASSOCIATES, INC. |  |
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| Principal Place of Business 7551 ARAGON BLVD., SOUTH UNIT #1 SUNRISE, FL 33313 | Mailing Address 7551 ARAGON BLVD., SOUTH UNIT #1 SUNRISE, FL 33313 |
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01102006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-1440069 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

WIELAND, JAMES T.
7551-1 S ARAGON BLVD
SUNRISE, FL 33313

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 | V WIELAND, KRENT 371 SE 11 STREET POMPANO BEACH, FL 33060 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WIELAND, JAMES T 7551-1 S ARAGON BLVD SUNRISE, FL 33313 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST WIELAND, ARLENE 7551-1 S ARAGON BLVD SUNRISE, FL 33313 |
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05/09/06-80023-024 150.00

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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: Arlene Wieland, Sec. 4-24-06 ¹⁵⁷³ 853-8536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ARLENE WIELAND