

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2006 8:00 am**  
**Secretary of State**

01-31-2006 90014 032 \*\*\*150.00

<b>DOCUMENT # 400685</b>	
1. Entity Name <b>WIGGINS PASS REALTY CO., INC.</b>	



Principal Place of Business <b>% GENE M PRANZO 230 PARK AVE 26TH FLOOR NEW YORK, NY 10169 US</b>	Mailing Address <b>% GENE M PRANZO 230 PARK AVE 26TH FLOOR NEW YORK, NY 10169 US</b>
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**60009443**

2. Principal Place of Business <b>c/o Gene M. Pranzo</b>	3. Mailing Address <b>c/o Gene M. Pranzo</b>
Suite, Apt. #, etc. <b>60 E. 42nd Street, 40th Fl.</b>	Suite, Apt. #, etc. <b>60 E. 42nd St., 40th Fl.</b>
City & State <b>New York, N.Y.</b>	City & State <b>New York, N.Y.</b>
Zip <b>10165-0006</b>	Country <b>US</b>

01242006 Chg-P CR2E034 (11/05)

4. FEI Number <b>13-2719454</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>TALFORD, RICHARD 1020 CROSSPOINTE DR. STE. 106 NAPLES, FL 34110-0918</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TALFORD, RICHARD S. C/O GENE M. PRANZO, 230 PARK AVE 26TH FL NEW YORK, NY 10169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>c/o Gene M. Pranzo-60 E. 42nd St. 40th Fl., N.Y., N.Y. 10165-0006</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TALFORD, DORIS K. C/O GENE M. PRANZO, 230 PARK AVE 26TH FL NEW YORK, NY 10169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>c/o Gene M. Pranzo-60 E. 42nd St. 40th Fl., N.Y., N.Y. 10165-0006</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRANZO, GENE M. 230 PARK AVE 26TH FLOOR NEW YORK, NY 10169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>60 E. 42nd St. 40th Fl. New York, NY 10165-0006</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POTTER, CAROL C/O GENE M. PRANZO, 230 PARK AVE 26TH FL NEW YORK, NY 10169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>c/o Gene M. Pranzo-60 E. 42nd St. 40th Fl., N.Y., N.Y. 10165-0006</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Gene M. Pranzo, Director 1/26/06 (212) 682-3700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #