


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90335 034 \*\*\*150.00

<b>DOCUMENT #419889</b>	
1. Entity Name <b>WILFRED, INC.</b>	

Principal Place of Business <b>100 SPEAR ST STE 520 SAN FRANCISCO, CA 94105 US</b>	Mailing Address <b>100 SPEAR ST STE 520 SAN FRANCISCO, CA 94105 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>618 Walnut St. Ste 202</b> Suite, Apt. #, etc.
City & State	City & State <b>San Carlos, CA</b>
Zip  Country	Zip <b>94070</b> Country <b>USA</b>

**50010691**



04052006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1444451</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ZUGMAN, DAVID B. % HOCH, FREY AND ZUGMAN 1415 E. SUNRISE BLVD. FT. LAUDERDALE, FL 33338</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<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	PD WEISSBERG, FREDERICK M <input type="checkbox"/> Delete 100 SPEAR ST STE 520 SAN FRANCISCO, CA 94105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>618 Walnut St, Ste 202 San Carlos, CA 94070</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KLECZEK, ERIKA <input type="checkbox"/> Delete 100 SPEAR ST STE 520 SAN FRANCISCO, CA 94105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>618 Walnut St, Ste 202 San Carlos, CA 94070</b>
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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
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 or without like empowered.

SIGNATURE: <u><i>Enka Kleczek</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>4/10/06</b> Daytime Phone # <b>650 594-0414</b>
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