2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 24, 2006
Secretary of State

DOCUMENT# 434454

Entity Name: WARD RANCH, INC.

Current Principal Place of Business:

1855 TAYLOR CREEK RD.
PO BOX 65
CHRISTMAS, FL 32709

New Principal Place of Business:

Current Mailing Address:

1855 TAYLOR CREEK RD.
CHRISTMAS, FL 32709 US

New Mailing Address:

FEI Number: 59-1497702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DRAVES, DONNA
120 EAST CONCORD STREET
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: WARD, DAVID R.,
Address: 1703 TAYLOR CREEK RD
City-St-Zip: CHRISTMAS, FL 32709

Title: VD ( ) Delete
Name: WALTER, JANIS M,
Address: 1855 TAYLOR CREEK RD
City-St-Zip: CHRISTMAS, FL 32709

Title: TD ( ) Delete
Name: DRINKWATER, EMILY
Address: 1855 TAYLOR CREEK ROAD
City-St-Zip: CHRISTMAS, FL 32709

Title: D ( ) Delete
Name: WALTER, MATTHEW
Address: 217 GEORGIA AVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: D ( ) Delete
Name: SIMMONS, REBECCA
Address: 829 CHICKASAW TRAIL
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete
Name: AVERHOFF, MICHELLE
Address: 3302 F ROAD
City-St-Zip: GARDEN CITY, KS 67846

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: JANIS M. WALTER V.P. 07/24/2006
Electronic Signature of Signing Officer or Director Date