2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2006 08:00 AM

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DOCUMENT # 516499 1. Entity Name PENSION SPECIALISTS, INC.			Secretary of State	
Principal Place of Business 6271 DUPONT STATION COURT JACKSONVILLE, FL 32217 US Mailing Address 6271 DUPONT STATION COURT JACKSONVILLE, FL 32217 US				
DO NOT WRITE IN THIS SPACE				01132006 No Chg-P CR2E034 (11/05) 4. FEI Number
	6. Name and Address of Current Regis	stered Agent		
WADLEY, CHRISTOPHER P. 6271 DUPONT STATION COURT JACKSONVILLE, FL 32217			DO NOT WRITE IN THIS SPACE	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when retraining) DATE DATE				
FILE NOWIS FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				ded to Fees
10.	OFFICERS AND DIRE	CTORS		
title Name Street address City-St-Zip	PD WADLEY, CHRISTOPHER P 6271 DUPONT STATION COURT JACKSONVILLE, FL 00000, 32217	e e e e e e e e e e e e e e e e e e e	- 3	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	ST WADLEY, CHRISTOPHER P 6271 DUPONT STATION COURT JACKSONVILLE, FL 00000, 32217	·	Personal State of the State of	U0000330799 01/24/06-80011-025 150.00
TITLE NAME STREET ADDRESS DITY -ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-7IP				

12. I hereby certify that the information supplied with this filling does not quality 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 it 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: CPW all C. P. WADLET SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1/15/01