


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 566154 1. Entity Name WTG, INC.					
Principal Place of Business 6001 NORTH OCEAN DR 703 HOLLYWOOD FL 33019			Mailing Address 6001 NORTH OCEAN DR 703 HOLLYWOOD FL 33019		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1802383 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent ABBOTT, WAYNE 9621 NW 16 ST PLANTATION FL 33322				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 re-installing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	ABBOTT, MYRIAM	NAME	U00000445894		
STREET ADDRESS	6001 N OCEAN DRIVE 703	STREET ADDRESS	03/07/06-80066-022 150.00		
CITY-ST-ZIP	HOLLYWOOD FL 33019	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE	TS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	ABBOTT, WAYNE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS	6001 N OCEAN DRIVE 703	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add		
CITY-ST-ZIP	HOLLYWOOD FL 33019	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add		
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add		
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add		
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Myriam Abbott* **Myriam Abbott** 2/20/06