2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 642394

1. Entity Name
IT'S A SMALL WORLD II, INCORPORATED

Principal Place of Business	Mailing Address
5515 RAMONA BLVD. JACKSONVILLE, FL 32205	5515 RAMONA BLVD. JACKSONVILLE, FL 32205

DO NOT WRITE IN THIS SPACE

03022006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1952866	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, VICKIE R
6831 GOLFVIEW ST.
JACKSONVILLE, FL 32210

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WRIGHT, VICKIE R.
STREET ADDRESS	6837 GOLFVIEW ST.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VP
NAME	DENNIS C WRIGHT
STREET ADDRESS	6837 GOLFVIEW ST
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000469232
03/25/06-80020-023 150.00

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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: _Vickie R Wright_ 3/10/06   904-786-8580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #