2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002327

Entity Name: WWPDS, INC.

FILED Mar 09, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 191 NE 40TH ST SUITE 101 MIAMI, FL 33137 **Current Mailing Address: New Mailing Address: 60 BACKUS AVENUE** DANBURY, CT 06810 FEI Number: 06-1614773 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete Title: CFO (X) Change () Addition Name: SALLICK, A P Name: SALLICK, ABRAHAM P 60 BACKUS AVENUE 60 BACKUS AVENUE Address: Address: City-St-Zip: DANBURY, CT 06810 City-St-Zip: DANBURY, CT 06810 Title: Title: SEC () Delete () Change () Addition Name: SALLICK, BARBARA G Name: 60 BACKUS AVENUE Address: Address: DANBURY, CT 06810 City-St-Zip: City-St-Zip: Title: Title: SVP () Delete () Change () Addition TOUBURG, MEG Name: Name: 60 BACKUS AVENUE Address: Address: DANBURY, CT 06810 City-St-Zip: City-St-Zip: Title: CFO (X) Delete Title: () Change () Addition EMILIO, LAURA Name: Name: Address: 60 BACKUS AVENUE Address: City-St-Zip: DANBURY, CT 06810 City-St-Zip: Title: SVP (X) Delete Title: () Change () Addition WENGEL, ROBERT Name: Name: **60 BACKUS AVENUE** Address: Address: City-St-Zip: DANBURY, CT 06810 City-St-Zip: Title: SVP (X) Delete Title: () Change () Addition Name: FORMICELLI, GINA Name: Address: **60 BACKUS AVENEU** Address: City-St-Zip: City-St-Zip: DANBURY, CT 06810

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: BARBARA G SALLICK SEC 03/09/2006