## **2006 FOR PROFIT CORPORATION**

## FILED **ANNUAL REPORT** Feb 20, 2006 08:00 AM DOCUMENT # F03000000377 **Secretary of State** WHEEL PROS, INC. Principal Place of Business Mailing Address 44 UNION BLVD 44 UNION BLVD **STE 620 STE 620** LAKEWOOD, CO 80228 **LAKEWOOD, CO 80228** CR2E034 (11/05) 01302006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 14-1865858 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WHITE, RANDY NAME U00000439001 STREET ADDRESS 44 UNION BLVD, STE 620 03/01/06-80027-022 150.00 CITY-ST-ZIP LAKEWOOD, CO 80228 VP TITLE GROCE, JODY NAME 44 UNION BLVD, STE 620 STREET ADDRESS CITY-51-27 LAKEWOOD, CO 80228 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS

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

CITY-ST-ZIP DDF NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS CITY ST-7IP

2-13-06

303.433-3599