## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F35366

Name:

Address:

City-St-Zip:

FILED Apr 23, 2006 Secretary of State

Entity Name: WOUTERS ENTERPRISES, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
485 22ND PLACE VERO BEACH, FL 329603002						
Current Mailing Address:				New Mailing Address:		
485 22ND PLACE VERO BEACH, FL 329603002						
FEI Number:	nber: 59-2118668 FEI Number Applied For ( ) FEI N		FEI Nun	mber Not Applicable ( )		Certificate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
WOUTERS, FRANK DADE 485 22ND PLACE VERO BEACH, FL 32960 US				WOUTERS JR, FRANK DADE 485 22ND PLACE VERO BEACH, FL 32960 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: FRANK DADE WOUTERS JR				04/23/2006		
Electronic Signature of Registered Agent						Date
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	V () D WOUTERS, FRAN 485 22ND PLACE VERO BEACH, FI	•		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	STD () D WOUTERS, CATH 485 22ND PLACE VERO BEACH, FI	·		Title: Name: Address: City-St-Zip:	SD WOUTERS, 485 22ND P VERO BEAC	
Title: Name: Address: City-St-Zip:	P () C WOUTERS, FRAI 485 22ND PLACE VERO BEACH, FI	<u> </u>		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title:	( ) [	)elete		Title:	TD	( ) Change (X) Addition

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.

Name:

Address:

City-St-Zip:

WOUTERS, SALLY M

VERO BEACH, FL 32960

485 22ND PLACE

SIGNATURE: FRANK D WOUTERS JR P 04/23/2006