


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F70529**  
1. Entity Name  
**WAHLSTROM ASSOCIATES, INC.**



Principal Place of Business <b>% ANGELA ALY WAHLSTROM 145 MADEIRA AVE #209 CORAL GABLES, FL 33134</b>	Mailing Address <b>%ANGELA ALY WAHLSTROM 145 MADEIRA AVE #209 CORAL GABLES, FL 33134</b>
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03162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2163138</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**WAHLSTROM, ANGELA ALY  
145 MADEIRA AVENUE STE 209  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
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)

**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

000000473499  
03/31/06-80018-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS WAHLSTROM, KIM P 145 MADEIRA AVE. CORAL GABLES, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP WAHLSTROM, ANGELA ALY 145 MADEIRA AVE. CORAL GABLES, FL</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 1D or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **3/16/06** **305-4428018**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #