


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000000152 1. Entity Name BON WORTH, INC.	
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Principal Place of Business P.O. BOX 2890 HENDERSONVILLE, NC 28793	Mailing Address P.O. BOX 2890 HENDERSONVILLE, NC 28793
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03302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-0963664	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BUDDENHAGEN, LORI 2537 OLD VINELAND RD KISSIMMEE, FL 34746
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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: <u><i>Bridget</i></u> (NOTE: Registered Agent signature required when reinstating)
DATE: <u>4/13/06</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC WELLS, LOREN 2100 W. SAN MARCELO #170 BROWNSVILLE, TX 78520
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HALE, BILL 1100 LUGANE DRIVE HENDERSONVILLE, NC 27891
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WADE, GENE PO BOX 2890 HENDERSONVILLE, NC 28793
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000513523
04/29/06-80131-026 150.00

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: <u><i>Bridget</i></u>	DATE: <u>4/13/06</u>	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		