
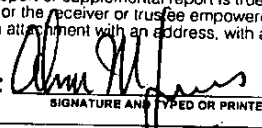


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90008 010 \*\*\*158.75

<b>DOCUMENT # H34563</b> 1. Entity Name <b>WAMARAN INC.</b>					
Principal Place of Business <b>707 MOUND AVE. P.O. BOX 492406 LEESBURG, FL 34749-9406</b>			Mailing Address <b>707 MOUND AVE. P.O. BOX 492406 LEESBURG, FL 34749-9406</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-2659017</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JONES, ALUN 707 MOUND AVE LEESBURG, FL 34749</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____		
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.			FL Zip Code		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	DTS	<input checked="" type="checkbox"/> Delete	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
NAME	JONES, NANCY G.		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	707 MOUND AVE.		NAME		
CITY-ST-ZIP	LEESBURG, FL		STREET ADDRESS		
TITLE	P	<input checked="" type="checkbox"/> Delete	CITY-ST-ZIP		
NAME	JONES, ALUN		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	707 MOUND AVE.		NAME	<b>P DTS</b>	
CITY-ST-ZIP	LEESBURG, FL		STREET ADDRESS	<b>JONES ALUN</b>	
TITLE		<input type="checkbox"/> Delete	CITY-ST-ZIP	<b>707 MOUND AVE LEESBURG, FL 34748</b>	
NAME			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS			NAME	<b>WAYNE JONES</b>	
CITY-ST-ZIP			STREET ADDRESS	<b>629 HAMMERSHYTH COURT</b>	
TITLE		<input type="checkbox"/> Delete	CITY-ST-ZIP	<b>HARLEYSVILLE, PA 19438</b>	
NAME			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS			NAME	<b>MARK JONES</b>	
CITY-ST-ZIP			STREET ADDRESS	<b>707 MOUND AVE, LEESBURG FL 34748</b>	
TITLE		<input type="checkbox"/> Delete	CITY-ST-ZIP		
NAME			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS			NAME	<b>IAN JONES</b>	
CITY-ST-ZIP			STREET ADDRESS	<b>7205 ALUINAWAY</b>	
TITLE		<input type="checkbox"/> Delete	CITY-ST-ZIP	<b>ORLANDO, FL 32822</b>	
NAME			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  <b>ALUN M. JONES</b> <b>3-27-06</b> <b>352-326-5112</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					