changed, or on an attachment with

SIGNATURE:

address, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # H89722 04-24-2006 90385 020 ***150.00 1. Entity Name WADDELL & ASSOCIATES, INC. Principal Place of Business Mailing Address dana: 5188 WHEELS DR 5188 WHEELS DR MEMPHIS, TN 38117 MEMPHIS, TN 38117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 04192006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-2627811 Not Applicable Country Zio Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IGOE, JOHN G. Street Address (P.O. Box Number is Not Acceptable) 250 ROYAL PALM WAY PALM BEACH, FL 33480 Zip Code FL 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. Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DTC TITLE ☐ Delete TITLE Addition David 5. Waddell 5188 Wheelis Dr. NAME WADDELL, ALFRED M JR NAME 5188 WHEELIS DR STREET ADDRESS STREET ADDRESS MEMPHIS, TN 38117 Memphis, TN 38117 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE ☐ Change WADDELL, CLARA NAME MAME STREET ADDRESS 5188 WHEELIS DR STREET ADDRESS MEMPHIS, TN 38117 CITY-ST-ZIP CITY-ST-ZIP AS ☐ Delete TITLE ☐ Change ☐ Addition TITLE IGOE, JOHN G NAME NAME 250 ROYAL PALM WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BCH., FL 33480 CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME WUNDERLICH, ALVIN W III NAME STREET ADDRESS 5188 WHEELIS DR STREET ADDRESS CITY-ST-ZIP MEMPHIS, TN 38117 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME SCRUGGS, PHYLLIS R NAME STREET ADDRESS 5188 WHEELIS DR STREET ADDRESS MEMPHIS, TN CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE WILLIAMS, KATHY S NAME NAME 5188 WHEELIS DR STREET ADDRESS STREET ADDRESS MEMPHIS, TN 38117 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

FILED

901-767-918