## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 20, 2006 08:00 AM

ANNUAL REPORT		Sagratary of State
DOCUMENT # J13239		Secretary of State
1. Entity Name WPC OF ORLANDO, INC.		
Principal Place of Business Malling Address		
1235 N. ORANGE AVE 221 CIR DR CRLANDO, FL 32804 US MAITLAND, FL 32751	US .	A CREATER RANGE FRANK HITTER STRUKK STRUK CREST RESETT RESETT RESETT RESETT RESETT RESETT RESETT OF CREAT
		03162006 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE		4. FEI Number Applied For
		59-2961986   Not Applicate  5. Certificate of Status Desired   \$8.75 Additional
6. Name and Address of Current Registered Agent		Fee Required
TRACY S FORREST		DO NOT WRITE
221 CIRCLE DR — MAITLAND, FL 32751		
WATERWO, I E SETOT		IN THIS SPACE
		and any to the state of Chairles I am familiar with and games
The above named entity submits this statement for the purpose of changing its retained the obligations of registered agent	achierand onice of reduste	190 agent, or both, in the state of Florida. Tall Patrillal Willi, and accept
SIGNATURE Signature, typed or proted name of registered agent and trie if applicable (NOTE)	Registered Agent signature require	d when (ensisting)  DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Trust Fund Contrib		.00 May Be ded to Fees
10. OFFICERS AND DIRECTORS		
INTE PST  NAME TRACYS FORREST		
STREET ADDRESS 221 CIRCLE DR		
EIN-ST-DP MAITLAND, FL		
NAME		U0000U472674
STREET ADDRESS		03/30/08-80002-023 150.00
CITY-ST-ZIP		
TITLE NAME		
STREET ADDRESS		DO NOT WRITE
CITY-SI-ZIP		
THE		IN THIS SPACE
NAME STREET ADDRESS		
CITY-ST-ZIP		
NITE		
NAME STREET ADDRESS		
CITY-SI-ZP		
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12. I hereby certify that the information supplied with this filling 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. TRACY S. FO

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

TRACY S. FORREST

3/16/06

407-644-8923

Daytene Phone 9