


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 08:00 AM
Secretary of State

DOCUMENT # J42734 1. Entity Name WENSRIC, INC.	
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Principal Place of Business 220 HICKORY AVE MERRITT ISLAND, FL 32953 US	Mailing Address 220 HICKORY AVE. MERRITT ISLAND, FL 32953 US
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DO NOT WRITE IN THIS SPACE

01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1718984	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JORDAN, GEORGIANNA
 45 BARONY DRIVE
 MERRITT ISLAND, FL 32953

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**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	WENDI JORDAN-HART
STREET ADDRESS	4955 SHADE TREE DR
CITY - ST - ZIP	COCOA, FL
TITLE	P
NAME	JORDAN, GEORGIANNA
STREET ADDRESS	220 HICKORY AVE.
CITY - ST - ZIP	MERRITT ISLAND, FL
TITLE	D
NAME	JAMES E HART, II
STREET ADDRESS	4955 SHADE TREE DRIVE
CITY - ST - ZIP	COCOA, FL
TITLE	T
NAME	RICHARD D JORDAN
STREET ADDRESS	265 SPRUCE
CITY - ST - ZIP	MERRITT ISLAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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U00000568152
 07/06/06-80011-002 550.00

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: Georgiana Jordan 7-206 3214525189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #