


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90166 041 \*\*\*150.00

<b>DOCUMENT # J47780</b> 1. Entity Name <b>WEYGAM CORPORATION</b>					
Principal Place of Business <b>C/O WEYAND, WILLIAM, G</b> <b>1141 GULF STREAM WAY</b> <b>RIVIERA BEACH, FL 33404 US</b>				Mailing Address <b>PO BOX 816</b> <b>PLANT CITY, FL 33564-0816 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		S <b>1141 Gulfstream Way</b> <b>Singer Island, Florida 33404</b>		04012005 Chg-P CR2E034 (10/03)	
City & State		C		4. FEI Number <b>59-2751324</b>	
Zip		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WEYAND, WILLIAM G.</b> <b>1141 GULF STREAM WAY</b> <b>RIVIERA BEACH, FL 33404</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV WEYAND, WILLIAM G. 1141 GULF STREAM WAY RIVIERA BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHISHOLM, MARTHA 1141 GULF STREAM WAY RIVIERA BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u><i>William G. Weyand</i></u> <b>4/20/05</b> <b>591 758 0646</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					