

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K77757

FILED  
Mar 24, 2006  
Secretary of State

Entity Name: W & W DEVELOPMENT CORP.

## Current Principal Place of Business:

2990 S FISKE BLVD  
#D-1  
ROCKLEDGE, FL 32955 US

## New Principal Place of Business:

## Current Mailing Address:

2990 S FISKE BLVD  
#D-1  
ROCKLEDGE, FL 32955 US

## New Mailing Address:

FEI Number: 59-2960861 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALSER, WILHELM  
2990 S FISKE BLVD #D-1  
ROCKLEDGE, FL 32955 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WALSER, WILHELM A  
Address: 2990 S FISKE BLVD #D-1  
City-St-Zip: ROCKLEDGE, FL

Title: DST ( ) Delete  
Name: WALSER, THERESA  
Address: 2990 S FISKE BLVD, #D-1  
City-St-Zip: ROCKLEDGE, FL

Title: VD ( ) Delete  
Name: HINNA, CORNELIA  
Address: 2990 S. ISKE BLVD. #D-1  
City-St-Zip: ROCKLEDGE, FL 32955

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: MAYNER, CAMILLUS  
Address: 964 SYCAMORE DR.  
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILHELM WALSER

PD

03/24/2006

Electronic Signature of Signing Officer or Director

Date