2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L23112

Title:

Entity Name: WYMAN FINANCIAL SERVICES, INC.

() Delete

FILED Feb 02, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
5240 BABCOCK ST., N.E STE 110 PALM BAY, FL 32905	:			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
5240 BABCOCK ST., N.E STE 110 PALM BAY, FL 32905				
FEI Number: 59-2970987	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
WYMAN, THOMAS R. 5240 BABCOCK STREET NE SUITE 110 PALM BAY, FL 32905 US		5240 BABCOCK STRE SUITE 110	WYMAN, THOMAS R PRES. 5240 BABCOCK STREET NE SUITE 110 PALM BAY, FL 32905 US	
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: THOMAS R. WYMAN, PRES.			02/02/2006	
Electronic Signature of Registered Agent		nt	Date	
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	

Title:

PRFS

(X) Change () Addition

WYMAN FINANCIAL SERV, ICES, INC. WYMAN, THOMAS R PRES. Name: Name: 5240 BABCOCK ST NE, #110 Address: 5240 BABCOCK ST NE, #110 Address: City-St-Zip: PALM BAY, FL City-St-Zip: PALM BAY, FL 32907 Title: () Delete Title: () Change (X) Addition SHIER, TODD R V.PRES. Name: Name: Address: Address: 5240 BABCOCK ST. # 110 PALM BAY, FL 32907 City-St-Zip: City-St-Zip: Title: Title: () Delete TRES () Change (X) Addition Name: Name: WYMAN, WILLIAM B TRES. Address: 5240 BABCOCK ST. #110 Address City-St-Zip: City-St-Zip: PALM BAY, FL 32905 Title: () Delete Title: () Change (X) Addition COLLINS, TRACY L SEC. Name: Name: Address: Address: 5240 BACOCK ST. #110 City-St-Zip: City-St-Zip: PALM BAY, FL 32905

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: TRACY L. COLLINS SEC 02/02/2006