2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2006 08:00 AM Secretary of State

1. Entity Nam	MENT # M31022 of WIRE & SLING, INC.	 - - -			Secre	tary or State
Principal Place 7471 RALEIO HOLLYWOOD	SH STREET	Mailing Address 7471 RALEIGH STREET HOLLYWOOD, FL 33024				
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				01242008 4. FEI Numbr 59-266	No Chg-P (CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
DAVIS, WILLIAM J. JR. 7471 RALEIGH ST. HOLLYWOOD, FL 33024				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 Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent algrenture required when reinstaling) OATE						
FIL After M	E NOW!!! FEE !\$ \$1 50.00 ay 1, 2006 Fee will be \$550.0					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D DP DAVIS, WILLIAM J., JR 7471 RALEIGH ST HOLLYWOOD, FL VPS DAVIS, RAQUEL 7471 RALEIGH ST. HOLLYWOOD, FL T DAVIS, ROBERT 7471 RALEIGH ST. HOLLYWOOD, FL	RECTORS			NOT WR	}
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. (further cartify 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 507, 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: William & Daired Ja . 1-31-06 954-7772-7173 SIGNATURE AND TYPED OR PROVIDED HAME OF SIGNING OFFICER OR DIRECTOR Days Provide Provi						