

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 20, 2006 8:00 am
Secretary of State**

03-20-2006 90005 017 ****61.25

DOCUMENT # N0000005662		
1. Entity Name PROFESSIONAL WRECKER OPERATORS OF FLORIDA AUXILIARY, INC.		

Principal Place of Business 4718 EDGEWATER DR. ORLANDO, FL 32804	Mailing Address 4718 EDGEWATER DR. ORLANDO, FL 32804
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
MAGILL, PATRICK M ESQ. 1234 E. CONCORD ST. ORLANDO, FL 32803	

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CAMMARATA, JUDY 5613 NW 8TH ST. MARGATE, FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RAINEY, TERRI 1825 CANOVA ST SE PALM BAY, FL 32909	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BREWER, RUTH 1030 W. JEFFERSON ST BROOKSVILLE, FL 34601	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LANDAU, RUTH 722 N SEGRAVE ST DAYTONA BEACH, FL 32114	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ELY-FIGUERO, LEE 2238 RAMBLER LANE SE PALM BAY, FL 32909	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 617, 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: *Ruth E. Landau*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruth E. Landau

3/15/06 386-255-0481

Date

Daytime Phone #