2006 NOT-FOR-PROFIT CORPORATION ____ANNUAL_REPORT_(AR)

Feb 15, 2006 8:00 am **Secretary of State** D&CUMENT # N01000000501 1. Err. y Name 02-15-2006 90049 024 ****61.25 WCCM FLORIDA REGION, INC. Principal Place of Business Mailing Address 46 N. WASHINGTON BLVD. STE . 27 46 N. WASHINGTON BLVD. SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 65-1083281 Not Applicable Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROWNING, GEORGE III Street Address (P.O. Box Number is Not Acceptable) 46 N WASHINGTON BLVD, STE 27 SARASOTA FL 34236 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Channe ☐ Delete TATER TITLE BEBEAU, GENE R NAME NAME 2024 RIVER RD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP CiTY-ST-ZIP VS Delete TITLE Change Addition TITLE LODESKY, STÈVE NAME NAME 369 PASCO COURT STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33884 CITY-SI-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TD ☐ Delete TITLE TITLE NAME BROWNING, III, GEORGE NAME STREET ADDRESS 46 N WASHINGTON BLVD, #H27 STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP CITY - ST- ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

leng Browning

/30/06 941366-2782

FILED