2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002999

Entity Name: WAMIC PRODUCTIONS, INC.

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

5510 PHILLIPS HIGHWAY SUITE 2 JACKSONVILLE, FL 32207

Current Mailing Address: New Mailing Address:

1177 EUTAW PL JACKSONVILLE, FL 32207 4071 COVE ST JOHNS RD JACKSONVILLE, FL 32277

FEI Number: 90-0161156 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HERZBERG, CARYN M

1177 EUTAW PL

JACKSONVILLE, FL 32207 US

HERZBERG, CARYN M

4071 COVE ST JOHNS RD

JACKSONVILLE, FL 32277 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: CARYN M HERZBERG 04/24/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PT () Delete
 Title:
 PT (X) Change () Addition

 Name:
 HERZBERG, CARYN M
 Name:
 HERZBERG, CARYN M

 Address:
 1177 EUTAW PL
 Address:
 4071 COVE ST JOHNS RD

 City-St-Zip:
 JACKSONVILLE, FL 32207
 City-St-Zip:
 JACKSONVILLE, FL 32277

Title: SVPT () Delete Title: () Change () Addition

 Name:
 FOXWORTH, RICK
 Name:

 Address:
 12595 FISH HAWK LANE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:

Title: ST () Delete Title: () Change () Addition

 Name:
 FOXWORTH, CHRISTINA
 Name:

 Address:
 12595 FISH HAWK LANE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARYN M HERZBERG PT 04/24/2006