



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000027271			
1. Entity Name W-MART, INC.			
Principal Place of Business 62407 E. AMBERWOOD PL TUCSON, AZ 85739		Mailing Address 62407 E. AMBERWOOD PL TUCSON, AZ 85739	
DO NOT WRITE IN THIS SPACE			
		 01132006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3641412	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIUMENTO, MICHAEL D ESQ. 4 OLD KINGS ROAD NORTH SUITE B PALM COAST, FL 32137		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000403183 02/03/06-80035-021 150.00
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	WALL, ROBERT W		
STREET ADDRESS	62407 E. AMBERWOOD PL		
CITY-ST-ZIP	TUCSON, AZ 85739		
TITLE	D		
NAME	WALL, SONDR A		
STREET ADDRESS	62407 E. AMBERWOOD PL		
CITY-ST-ZIP	TUCSON, AZ 85739		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 607, 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: <u>Robert W. Wall</u>		Date: <u>1-24-06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	