2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2006 08:00 AN Secretary of State DOCUMENT # P00000030666 1. Entity Name WADA, INC. Principal Place of Business Mailing Address 1910 SAN MARCO BLVD. 1910 SAN MARCO BLVD. IACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 04202006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-3634589 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DAVIS, T.WAYNE JR. DO NOT WRITE 1910 SAN MARCO BLVD. JACKSONVILLE, FL 32207 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 title if applicable, (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME DAVIS, T. WAYNE JR. 1910 SAN MARCO BLVD. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207 U00000558971 05/17/06-80118-016 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE 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, 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 additional statutes.

R OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIF

4/20/06

Daytime Phone #

FILED