


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90208 023 \*\*\*150.00

**DOCUMENT # P0000041317**

1. Entity Name  
**WAYWILDWEB.INC**



Principal Place of Business  
**3611 SOUTH DIXIE HIGHWAY  
 SECOND FLOOR  
 WEST PALM BEACH, FL 33405**

Mailing Address  
**P.O. BOX 7238  
 W. PALM BEACH, FL 33405**

2. Principal Place of Business  
**3617 S. DIXIE HWY.**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**WEST PALM BEACH FL**

City & State

Zip  
**33405** Country  
**USA**

**14006028**



04202005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1014902**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KETELSEN, C  
 3611 SOUTH DIXIE HWY  
 SECOND FLOOR  
 WEST PALM BEACH, FL 33405**

7. Name and Address of Now Registered Agent

Name  
**KETELSEN C.**

Street Address (P.O. Box Number is Not Acceptable)  
**3617 S. DIXIE HWY.**

City  
**WEST PALM BEACH FL** Zip Code  
**33405**

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: *C. Ketelsen* **President.** 4/25/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KETELSEN, C 3611 SOUTH DIXIE HWY SECOND FLOOR WEST PALM BEACH, FL 33405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZADAH, V C 1502 GEORGIA AVE. WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KETELSEN, C. 3617 S. DIXIE HWY. WEST PALM BEACH, FL 33405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZADAH, V.C. 1502 GEORGIA AVE. WEST PALM BEACH, FL 33405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *C. Ketelsen* **C. KETELSEN, PRESIDENT** 4-25-05 <sup>(561)</sup>  
Signature and typed or printed name of signing officer or director Date Daytime Phone #