


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2005 90208 023 ***150.00

DOCUMENT # P00000041317					
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.			Suite, Apt. #, etc.		
City & State WEST PALM BEACH FL			City & State		
Zip 33405		Country USA		Zip	
Country		4. FEI Number 65-1014902			
5. Certificate of Status Desired <input type="checkbox"/>				\$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 New 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: <i>[Signature]</i> President.				DATE: 4/25/05	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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				
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: <i>[Signature]</i> C. KETELSEN, PRESIDENT 4-25-05 (561) 820-0094					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					