


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90146 018 ***150.00

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1. Entity Name
WAYWILDWEB.INC



40068083



Principal Place of Business
**3617 SOUTH DIXIE HIGHWAY
 WEST PALM BEACH, FL 33405**

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

04142006 Chg-P CR2E034 (11/05)

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
 3617 SOUTH DIXIE HWY
 WEST PALM BEACH, FL 33405**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PSD Delete
 NAME KETELSEN, C
 STREET ADDRESS 3617 S DIXIE HWY
 CITY-ST-ZIP WEST PALM BEACH, FL 33405

TITLE VD Delete
 NAME ZADAH, V C
 STREET ADDRESS 1502 GEORGIA AVE.
 CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Change Addition
 NAME Zadah, VC
 STREET ADDRESS 3617 S. Dixie Hwy.
 CITY-ST-ZIP West Palm Beach, FL 33405

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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:  **4-14-06 (561)820-0094**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #