


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000111729</b> 1. Entity Name W.W. WARRANTY OF FLORIDA, INC.	
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Principal Place of Business 1455 BELLEVUE AVE. #300 WEST VANCOUVER, BC V7T-1-C3	Mailing Address 1455 BELLEVUE AVE. #300 WEST VANCOUVER, BC V7T-1-C3
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04212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 98-0341828	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  MEENAN, TIMOTHY J BLANK, MEENAN & SMITH, P.A. 204 SOUTH MONROE ST. TALLAHASSEE, FL 32301
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, CHARLES S #300-1455 BELLEVUE AVE. WEST VANCOUVER, BC V7T-1C3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALKER, SHANNON #300-1455 BELLEVUE AVE. WEST VANCOUVER, BC V7T-1C3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAR, RAYMOND K #300-1455 BELLEVUE AVE. WEST VANCOUVER, BC V7T-1C3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WALKER, SCOTT #300-1455 BELLEVUE AVE. WEST VANCOUVER, BC V7T-1C3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/13/06-80127-024 150.00

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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:**  **Raymond K. Dar, CA** **(604) 922-0305**  
Date **Apr. 25, 2006** Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR