

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P01000009151</b>						<b>FILED</b> 06 OCT -5 2010:55	
1. Entity Name <b>WAPITI PARTNERS, INC.</b>							
Principal Place of Business <b>4505 BEACH PARK DRIVE TAMPA, FL 33609</b>				Mailing Address <b>502 E. PARK RD. PLANT CITY, FL 33563</b>			
2. Principal Place of Business <b>1700 S. MacDill Avenue</b>				3. Mailing Address <b>1700 S. MacDill Avenue</b>			
Suite, Apt. #, etc. <b>Suite 340</b>				Suite, Apt. #, etc. <b>Suite 340</b>			
City & State <b>Tampa, FL</b>				City & State <b>Tampa, FL</b>			
Zip <b>33629</b>		Country		Zip <b>33629</b>		Country	
6. Name and Address of Current Registered Agent  <b>GILLETTE, JOHN M 4505 BEACH PARK DRIVE TAMPA, FL 33609</b>				7. Name and Address of New Registered Agent Name <b>Tready A. Smith</b> Street Address (P.O. Box Number is Not Acceptable) <b>1700 S. MacDill Avenue, Ste. 340</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33629</b>			
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: <u><i>Tready A. Smith, D.S. &amp; V.P.</i></u> <span style="float: right;">9/27/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>GILLETTE, JOHN M 4505 BEACH PARK DRIVE TAMPA, FL 33609</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>UITERWYK, STEVEN A. 209 S. LAKE PARKER LAKELAND, FL 33801</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>ARTHUR, THOMAS D 1700 MACDILL AVE. SUITE 340 TAMPA, FL 33629</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/SVP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SMITH, TREADY A. 1700 S. MACDILL AVENUE, STE. 340 TAMPA, FL 33629</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200080499082</b> <b>10/05/06--01042--004 **61.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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"/> Delete			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"/> Delete			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 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: x <u><i>Tready A. Smith</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>Tready A. Smith, Director</b>				Date <b>9/27/06</b>		Daytime Phone # <b>#306127</b>	