

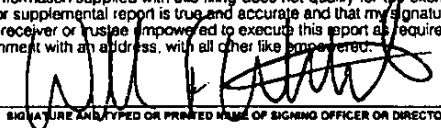


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

06-14-2006 90006 011 \*\*\*150.00  
FILE P01000072947

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P01000072947</b>					
1. Entity Name WILBUR DOODLES DESIGNS, INC.					
Principal Place of Business 3741 W UNIVERSITY AVE GAINESVILLE, FL 32607			Mailing Address 3741 W UNIVERSITY AVE GAINESVILLE, FL 32607		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3735002	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILHELM, WILLIAM F JR. 14524 SW 15TH AVE. NEWBERRY, FL 32669				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: 				PRESIDENT 6/9/06	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILHELM, JR, WILLIAM F		NAME		
STREET ADDRESS	14524 SW 15TH AVE		STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY, FL 32669		CITY-ST-ZIP		
TITLE	VPST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILHELM, MARGARET		NAME		
STREET ADDRESS	14524 SW 15TH AVE		STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY, FL 32669		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 				6/9/06 352 692 4917	
Signature, typed or printed name of signing officer or director				Date Daytime Phone #	