


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90043 034 \*\*\*150.00

<b>DOCUMENT # P01000109875</b>			
1. Entity Name <b>WOLFE &amp; ASSOCIATES, INC.</b>			
Principal Place of Business <b>311 PANFERIO DRIVE PENSACOLA BEACH, FL 32561</b>		Mailing Address <b>311 PANFERIO DRIVE PENSACOLA BEACH, FL 32561</b>	
2. Principal Place of Business <b>1821 Whaley Ave</b>		3. Mailing Address <b>1821 Whaley Ave</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Pensacola, FL</b>		City & State <b>Pensacola, FL</b>	
Zip <b>32503</b>	Country	Zip <b>32503</b>	Country
6. Name and Address of Current Registered Agent <b>WOLFE, JEFF 311 PANFERIO DRIVE PENSACOLA BEACH, FL 32561</b>		7. Name and Address of New Registered Agent Name <b>Wolfe, Jeff</b> Street Address (P.O. Box Number is Not Acceptable) <b>1821 Whaley Ave</b> City <b>Pensacola</b> <b>FL</b> Zip Code <b>32503</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. <b>Jeff Wolfe, President</b> SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>WOLFE, JEFF 311 PANFERIO DRIVE PENSACOLA BEACH, FL 32561</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Wolfe, Jeff 1821 Whaley Ave Pensacola, FL 32503</b> <input checked="" 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
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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: <b>Jeff Wolfe</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>01-27-06</b> X 850 291 2886 <small>Daytime Phone #</small>	