2005 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Aug 15, 2005 08:00 AM Secretary of State DOCUMENT # P02000065248 1. Entity Name WHODATHOUGHT HOLDINGS, INC. Principal Place of Business __ Mailing Address 6890 ATHENA DRIVE 6890 ATHENA DRIVE LAKE WORTH, FL 33463 LAKE WORTH, FL 33463 08102005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2344313 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRAUN, FREDERICK C ESQ DO NOT WRITE 950 NORTH FEDERAL HIGHWAY, SUITE 108 POMPANO BEACH, FL 33062 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. 08/15/05-80005mD11 150.00 Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 7, 2005 10. OFFICERS AND DIRECTORS TITLE ELDER, DAVID W NAME STREET ADDRESS 5010 SW 11TH PLACE CITY-ST-ZIP MARGATE, FL 33068 TITLE NAME BRUNO, FRANK STREET ADDRESS 6890 ATHENA DRIVE CITY-ST-ZIP LAKE WORTH, FL 33463 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 actives, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR