2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007
Secretary of State

DOCUMENT# P02000129954

Entity Name: DR. WS, INC.

Current Principal Place of Business:

715 MABBETTE STREET
KISSIMMEE, FL 34741

New Principal Place of Business:

3121 INNOVATION BLVD
ST CLOUD, FL 34769

Current Mailing Address:

715 MABBETTE STREET
KISSIMMEE, FL 34741

New Mailing Address:

3121 INNOVATION BLVD
ST CLOUD, FL 34769

FEI Number: 06-1684035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLBORN, DENISE
715 MABBETTE STREET
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

HOLBORN, DENISE
3121 INNOVATION BLVD
ST CLOUD, FL 34769 US

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.

SIGNATURE: DENISE HOLBORN 01/24/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HOLBORN, DENISE
Address: 715 MABBETTE STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: VD ( ) Delete
Name: HOLBORN, RICHARD S
Address: 715 MABBETTE STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: SD ( ) Delete
Name: LINSCOTT, WAYNE E
Address: 715 MABBETTE STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: TD ( ) Delete
Name: LINSCOTT, WANDA M
Address: 715 MABBETTE STREET
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: HOLBORN, DENISE
Address: 3121 INNOVATION BLVD
City-St-Zip: ST CLOUD, FL 34769

Title: VD (X) Change ( ) Addition
Name: HOLBORN, RICHARD S
Address: 3121 INNOVATION BLVD
City-St-Zip: ST CLOUD, FL 34769

Title: SD (X) Change ( ) Addition
Name: LINSCOTT, WAYNE E
Address: 3121 INNOVATION BLVD
City-St-Zip: ST CLOUD, FL 34769

Title: TD (X) Change ( ) Addition
Name: LINSCOTT, WANDA M
Address: 3121 INNOVATION BLVD
City-St-Zip: ST CLOUD, FL 34769

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WANDA M. LINSCOTT TREA 01/24/2007
Electronic Signature of Signing Officer or Director Date