
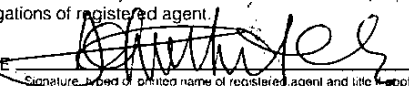
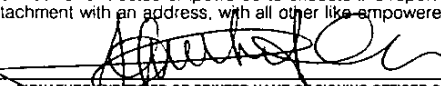


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90300 002 ***150.00

DOCUMENT # P03000015707 1. Entity Name W R M ENTERPRISES, INC.					
Principal Place of Business 563 BELLE GROVE LANE ROYAL PALM BEACH FL 33411			Mailing Address 563 BELLE GROVE LANE ROYAL PALM BEACH FL 33411		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 30-0167109 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
Zip	Country	Zip	Country	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	
WHITLEY, JOHN L 742 MAGNOLIA DRIVE LAKE PARK FL 33403				Name JOHN L WHITLEY Street Address (P.O. Box Number is Not Acceptable) 563 Belle Grove Lane City Royal Palm Beach FL Zip Code 33411	
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  <small>Signature of board or printed name of registered agent and title, if applicable</small>				DATE 3/31/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITLEY, JOHN		NAME	JOHN L WHITLEY	
STREET ADDRESS	742 MAGNOLIA DRIVE		STREET ADDRESS	563 BELLE GROVE LANE	
CITY-ST-ZIP	LAKE PARK FL 33403		CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	V <input type="checkbox"/> Delete		TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RATTRAY, KEITH		NAME	KETH RATTRAY	
STREET ADDRESS	742 MAGNOLIA DRIVE		STREET ADDRESS	563 BELLE GROVE LANE	
CITY-ST-ZIP	LAKE PARK FL 33403		CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	V <input type="checkbox"/> Delete		TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, LOLA		NAME	LOLA MARTIN	
STREET ADDRESS	742 MAGNOLIA DRIVE		STREET ADDRESS	3691 DELIC RD. APT. G	
CITY-ST-ZIP	LAKE PARK FL 33403		CITY-ST-ZIP	MARIETTA GA. 30067	
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 Section 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 3/31/06 <small>Date</small>		
<small>Daytime Phone #</small>					