



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-13-2006 90313 032 \*\*\*150.00

<b>DOCUMENT # P03000037815</b> 1. Entity Name <b>WHEELDON INVESTMENTS, INC.</b>																																					
Principal Place of Business <b>24627 IVORY CANE DRIVE, #201 BONITA SPRINGS, FL 34134</b>			Mailing Address <b>C/O ROBERT D. ROYSTON, JR. POST OFFICE DRAWER 60205 FORT MYERS, FL 33906</b>																																		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address <b>24627 Ivory Cane Drive #201</b> Suite, Apt. #, etc. City & State Zip      Country																																			
4. FEI Number <b>77-0604654</b>		Applied For <input type="checkbox"/> Not Applicable		03202006      Chg-P      CR2E034 (11/05)																																	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD. SUITE 101 FORT MYERS, FL 33907</b>																																			
7. Name and Address of New Registered Agent Name <b>Peter S. WHEELDON</b> Street Address (P.O. Box Number is Not Acceptable) <b>24627 IVORY CANE DRIVE #201</b> City <b>BONITA SPRINGS</b> FL      Zip Code <b>34134</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. SIGNATURE <u>P.S. WheelDon</u> P.S. WHEELDON      03.29.2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width:70%; padding: 2px;">           PSTD WHEELDON, PETER S 24627 IVORY CANE DRIVE, #201 BONITA SPRINGS, FL 34134  <input type="checkbox"/> Delete         </td> </tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WHEELDON, PETER S 24627 IVORY CANE DRIVE, #201 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width:70%; padding: 2px;"> <input type="checkbox"/> Change      <input type="checkbox"/> Addition         </td> </tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WHEELDON, PETER S 24627 IVORY CANE DRIVE, #201 BONITA SPRINGS, FL 34134 <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 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: <u>P.S. WheelDon</u> P.S. WHEELDON      03/29/2006 (239) 947-1120 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>																																					