

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000089958 1. Entity Name WESFIELD SALES, INC.						FILED 06 JUN 29 PM 2: 25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 14303 NORTH MAGNOLIA AVE CITRA, FL 32113 US				Mailing Address 14303 NORTH MAGNOLIA AVE CITRA, FL 32113 US			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent SMITH, ROBERT G 14303 NORTH MAGNOLIA AVE CITRA, FL 32113				7. Name and Address of New Registered Agent Name <u>Marilyn Lewis</u> Street Address (P.O. Box Number is Not Acceptable) <u>14303 N. Magnolia Avenue</u> City <u>Citra</u> <u>FL</u> Zip Code <u>32113</u>			
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>Marilyn Lewis</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>6/28/06</u>							
Amended AR is \$61.25				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 NAME STREET ADDRESS CITY-ST-ZIP	P/D SMITH, ROBERT G <input checked="" type="checkbox"/> Delete 14303 NORTH MAGNOLIA AVE CITRA, FL 32113			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, SARONDA L <input type="checkbox"/> Delete 14303 NORTH MAGNOLIA AVE CITRA, FL 32113			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEWIS, MARILYN <input type="checkbox"/> Delete 14303 NORTH MAGNOLIA AVE CITRA, FL 32113			TITLE NAME STREET ADDRESS CITY-ST-ZIP	v/d/s <input type="checkbox"/> Change <input checked="" 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		
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: <u>Saronda Leth</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>6/28/06</u> Daytime Phone:			