


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90013 007 ***150.00

| | |
|--------------------------------------|---|
| DOCUMENT # P03000115574 |  |
| 1. Entity Name WASCA, INC. | |

| | |
|--|--|
| Principal Place of Business 3549 HARBOR CIRCLE DELRAY BEACH FL 33483 | Mailing Address 3549 HARBOR CIRCLE DELRAY BEACH FL 33483 |
|--|--|



| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E034 (10/05)

| | | | | |
|--------------|--------------|------------------------------------|---|--|
| City & State | City & State | 4. FEI Number 20-0664515 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
|--------------|--------------|------------------------------------|---|--|

| | | | | |
|-----|---------|-----|---------|---|
| 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 RUGGERI, WALTER 3549 HARBOR CIRCLE DELRAY BEACH FL 33483 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
|--|--|--|--|--|

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consolidating)

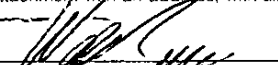
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

| | |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|---|---------------------------------|
| TITLE P | <input type="checkbox"/> Delete |
| NAME RUGGERI, WALTER | |
| STREET ADDRESS 3549 HARBOR CIRCLE | |
| CITY-ST-ZIP DELRAY BEACH FL 33483 | |
| TITLE VP | <input type="checkbox"/> Delete |
| NAME ROSSANO, SANDRO G | |
| STREET ADDRESS 951 DELRAY LAKES DRIVE | |
| CITY-ST-ZIP DELRAY BEACH FL 33444 | |
| TITLE S | <input type="checkbox"/> Delete |
| NAME RUGGERI-ROSSANO, ADVIANA | |
| STREET ADDRESS 951 DELAY LAKE DRIVE | |
| CITY-ST-ZIP DELRAY BEACH FL 33444 | |
| TITLE TR | <input type="checkbox"/> Delete |
| NAME RUGGERI, MARIA CS | |
| STREET ADDRESS 3549 HARBOR CIRCLE | |
| CITY-ST-ZIP DELRAY BEACH FL 33483 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RUGGERI - ROSSANO, ADRIANA |
| STREET ADDRESS | (spelling) |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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 507, 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:  **WALTER RUGGERI** **2-11-06**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #