## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000143360

Entity Name: MICHAEL J. WOULAS PH.D. INC.

8870 TERRENE COURT, SUITE 102

BONITA SPRINGS, FL 34135 US

Address: City-St-Zip: FILED Apr 24, 2006 Secretary of State

y	THE TRIEF INCE OF THE STATE OF			
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
SUITE 102	RENE COURT 2 PRINGS, FL 34135 US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
SUITE 102	RENE COURT 2 PRINGS, FL 34135 US			
FEI Number:	: 65-0245477 FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
8870 TERI SUITE 102 BONITA S The above	, MICHAEL J PH.D. RENE COURT 2 PRINGS, FL 34135 US e named entity submits this statement for the pu e of Florida.	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Age	nt	Date	
Election Car	mpaign Financing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES ( ) Delete WOULAS, MICHAEL J PH.D. 8870 TERRENE COURT, SUITE 102 BONITA SPRINGS, FL 34135 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( ) Delete WOULAS, NEVIN M 8870 TERRENE COURT, SUITE 102 BONITA SPRINGS, FL 34135 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	VP ( ) Delete WOULAS, NANCY J	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL J. WOULAS PRES 04/24/2006