2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2006
Secretary of State

DOCUMENT# P03000149392

Entity Name: WBC GENERAL CORPORATION

Current Principal Place of Business:

3900 OLD VIEW CROSSING DR.
SUITE 1221
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

3900 OLD VIEW CROSSING DR.
SUITE 1221
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 20-0544265 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
11601 S CLEVELAND AVE STE 6
FT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GONCALVES, WASHINGTON S
Address: 3900 OLD VIEW CROSSING DR.
City-St-Zip: JACKSONVILLE, FL 32223

Title: DV ( ) Delete
Name: STROLIGO, CLAUDIA R
Address: 3900 OLD VIEW CROSSING DR.
City-St-Zip: JACKSONVILLE, FL 32223

Title: D (X) Delete
Name: FERNANDEZ DE SOUZA, AIMAGNO
Address: 3900 OLD VIEW CROSSING DR.
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: WASHINGTON GONCALVES DP 06/29/2006

Electronic Signature of Signing Officer or Director Date