## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 20, 2006 08:00 AM Secretary of State

| DOCU!  1. Entity Name EASY WII  Principal Place 15560 S PEE  | ND, INC.  | 4<br>ailing Address<br>5560 S PEBBLE LN |              |   | Secreta | ary or State |
|--|---|---|--------------|---|---------|--------------|
| FT MYERS, FL 33912 FT MYERS, FL 33912  |   |   |              |   |         |              |
| DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent  |   |   |              | D3D82006 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For S8-2683789 Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required |         |              |
| SDIEGEL A  |   |   | <b>D</b> O   | NOT 181   | DITE    |              |
| SPIEGEL & UTRERA, P.A.<br>1840 SW 22 ST 4 FLR<br>MIAMI, FL 33145   |   |   | DO NOT WRITE |   |         |              |
| , , , , , , , , , , , , , , , , , , ,  |   |   |              | IN  | THIS SP | ACE          |
| 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  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  |   |   |              |   |         |              |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  8. Election Campaign Final Trust Fund Contribution.  |   |   |              | 5.00 May Be U000004 73304 03/31/06-80011-009 150.00   |         |              |
| 10.  | OFFICERS AND DIRECT   | CTORS }                                 | 1            |   |         |              |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D'ALESSANDRO, RONALD<br>15560 S PEBBLE LN<br>FT MYERS, FL 33912 |   |              |   |         |              |
| name<br>Street Address<br>City-St-Zip  |   |   |              |   |         |              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CHY-ST-ZIP  |   |   |              | DO  | NOT W   | RITE         |
| Name<br>Name<br>Street address<br>Cny-St-Zip   |   |   |              | IN T  | THIS SF | PACE         |
| TIFLE NAME STREET ADDRESS CITY-ST-ZIP  |   |   |              |   |         |              |
| THE<br>NAME<br>STREET ADDRESS<br>CHY-ST-2IP  |   |   |              |   |         |              |
| 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 path, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: