

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000027747

Entity Name: WFB,INC

FILED  
Apr 24, 2006  
Secretary of State

## Current Principal Place of Business:

5100 ELDORADO PARKWAY  
SUITE 102 PMB 576  
MCKINNEY, TX 75070

## New Principal Place of Business:

## Current Mailing Address:

5100 ELDORADO PARKWAY  
SUITE 102 PMB 576  
MCKINNEY, TX 75070

## New Mailing Address:

FEI Number: 20-0691027

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ESCOBAR, NOEL E SR  
4420 SW 77TH AVE  
DAVIE, FL 33328 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P,T ( ) Delete  
Name: WARD, JASON  
Address: 5100 ELDORADO PARKWAY SUITE 102, PMB 576  
City-St-Zip: MCKINNEY, TX 75070

Title: VP ( ) Delete  
Name: WARD, MARIA  
Address: 5100 ELDORADO PARKWAY SUITE 102, PMB 576  
City-St-Zip: MCKINNEY, TX 75070

Title: S ( ) Delete  
Name: BROOKS, PATRICIA A  
Address: 5100 ELDORADO PARKWAY SUITE 102, PMB 576  
City-St-Zip: MCKINNEY, TX 75070

## 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: JASON P WARD

P,T

04/24/2006

Electronic Signature of Signing Officer or Director

Date