

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000034739

Entity Name: WRCS INC.

FILED
Mar 25, 2006
Secretary of State

Current Principal Place of Business:

3791 WINKLER AVENUE EXT APT 223
FORT MYERS, FL 33916

New Principal Place of Business:

14788 CALUSA PALMS DR.
203
FORT MYERS, FL 33919

Current Mailing Address:

3791 WINKLER AVENUE EXT APT 223
FORT MYERS, FL 33916

New Mailing Address:

14788 CALUSA PALMS DR.
203
FORT MYERS, FL 33919

FEI Number: 80-0103713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REID, TOM
3791 WINKLER AVENUE EXT APT 223
FORT MYERS, FL 33916 US

Name and Address of New Registered Agent:

REID, TOM
14788 CALUSA PALMS DR.
203
FORT MYERS, FL 33919 US

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:

03/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REID, WIVIANE
Address: 3791 WINKLER AVENUE EXT APT 223
City-St-Zip: FORT MYERS, FL 33916

Title: V () Delete
Name: REID, TOM
Address: 3791 WINKLER AVENUE EXT APT 223
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: REID, WIVIANE
Address: 14788 CALUSA PALMS DR. #203
City-St-Zip: FORT MYERS, FL 33919

Title: V (X) Change () Addition
Name: REID, TOM
Address: 14788 CALUSA PALMS DR. #203
City-St-Zip: FORT MYERS, FL 33919

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: TOM REID

V

03/25/2006

Electronic Signature of Signing Officer or Director

Date