

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000085223

FILED  
Jan 15, 2006  
Secretary of State

Entity Name: THE WRIGHT TALK, INC.

**Current Principal Place of Business:**

P. O. BOX 1975  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1975  
OLDSMAR, FL 34677

**New Mailing Address:**

FEI Number: 20-1198085      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCKEON, CAROLINE  
11404 SUNCREEK PLACE  
TEMPLE TERRACE, FL 33617      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,D ( ) Delete  
Name: DLUGOSE, DEBORAH  
Address: P. O. BOX 1975  
City-St-Zip: OLDSMAR, FL 34677

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP,D ( ) Change (X) Addition  
Name: DLUGOSE, JONATHAN W  
Address: 6340 NEWTOWN CIRCLE #A-5  
City-St-Zip: TAMPA, FL 33615

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: DEBORAH DLUGOSE

P,D

01/15/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date