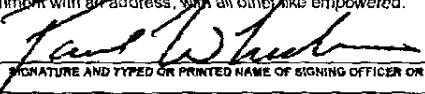


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000120853		
1. Entity Name WD PROPERTY INVESTMENTS, INC.		
Principal Place of Business 2148 N. CREDE AVE. CRYSTAL RIVER, FL 34428	Mailing Address 2148 N. CREDE AVE. CRYSTAL RIVER, FL 34428	
DO NOT WRITE IN THIS SPACE		
		03202006 No Chg-P CRZE034 (11/05)
		4. FEI Number 20-1534351
		Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DANIEL FLOYD 2148 N. CREDE AVE. CRYSTAL RIVER, FL 34428		DO NOT WRITE IN THIS SPACE
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		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000483986 04/12/06-80021-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WHEELER, PAUL 1578 S REGAL PT. INVERNESS, FL 34452	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DANIEL FLOYD C 5560 W. TINKERER CT. CRYSTAL RIVER, FL 34429	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 3/24/06 Daytime Phone #: 352 726 0973