
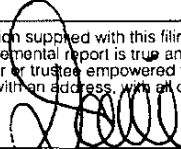


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90231 035 \*\*\*150.00

<b>DOCUMENT # P04000122240</b> 1. Entity Name <b>WIBO, INC.</b>					
Principal Place of Business <b>46 N WASHINGTON BLVD #1 SARASOTA, FL 34236</b>			Mailing Address <b>46 N WASHINGTON BLVD #1 SARASOTA, FL 34236</b>		
2. Principal Place of Business <b>2033 Wood Street</b> Suite, Apt. #, etc. <b>Suite 119</b>		3. Mailing Address Suite, Apt. #, etc.  City & State <b>Sarasota, FL</b> Zip <b>34237</b>			
City & State <b>Sarasota, FL</b> Zip <b>34237</b>		City & State  Zip  Country		4. FEI Number <b>20-1537349</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02042005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>LPS CORPORATE SERVICES, INC. 46 N WASHINGTON BLVD #1 SARASOTA, FL 34236</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>KOHNE, MICHAEL</b> <b>4721 WHITE TAIL LANE</b> <b>SARASOTA, FL 34238</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <b>KOHNE, NATALIE</b> <b>4721 WHITE TAIL LANE</b> <b>SARASOTA, FL 34238</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>DAUE, THOMAS</b> <b>4721 WHITE TAIL LANE</b> <b>SARASOTA, FL 34238</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b>  <b>THOMAS DAUE, Secretary</b>				(941) 365-9121	