
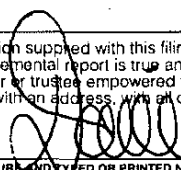


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

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

<b>DOCUMENT # P04000122240</b>			
1. Entity Name WIBO, INC.			
Principal Place of Business 46 N WASHINGTON BLVD #1 SARASOTA, FL 34236		Mailing Address 46 N WASHINGTON BLVD #1 SARASOTA, FL 34236	
2. Principal Place of Business 2033 Wood Street Suite, Apt. #, etc. Suite 119 City & State Sarasota, FL Zip 34237		3. Mailing Address Suite, Apt. #, etc. City & State Country	
4. FEI Number 20-1537349		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LPS CORPORATE SERVICES, INC. 46 N WASHINGTON BLVD #1 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<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"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KOHNE, MICHAEL 4721 WHITE TAIL LANE SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2033 Wood Street - Suite 119 Sarasota, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KOHNE, NATALIE 4721 WHITE TAIL LANE SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition KOHNE, NATALIA 2033 Wood Street - Suite 119 Sarasota, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAUE, THOMAS 4721 WHITE TAIL LANE SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2033 Wood Street - Suite 119 Sarasota, FL 34237
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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.			
SIGNATURE: 		(941) 365-9121	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THOMAS DAUE, Secretary		Date _____ Daytime Phone # _____	