2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000162174

1. Entity Name

NAME STREET ADDRESS CITY-ST-ZIP

THE WS GROUP OF CENTRAL FLORIDA, INC.



FILED
Jan 31, 2006 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

12412 EAST HIGHWAY #40 SILVER SPRINGS, FL 34488 12412 EAST HIGHWAY #40 SILVER SPRINGS, FL 34488



DO NOT WRITE IN THIS SPACE

01272006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1946378 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WIRTH, WARREN 2394 NE 115TH AVENUE SILVER SPRINGS, FL 34488			DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE			Agent signature required when reinstating) OATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. IITLE NAME STREET ADDRESS CATY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIRTH, WARREN 2394 NE 115TH AVENUE SILVER SPRINGS, FL 34488 V WIRTH, JANICE 2394 NE 115TH AVENUE SILVER SPRINGS, FL 34488	70.0			UNADA0418512 02/109/06-80038-015 150.00
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE THIS SPACE
TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE					

12. I hereby certify that the information supplied with this filing does not quality 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 adjusted 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 protection of the empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 Jano 6 18

(352)-454-4618