2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2006 8:00 am Secretary of State

DOCUMENT # P05000025847 1. Entity Name ERICA WOGALTER P.T., INC.					04-13-2006 90289 037 ***150.00	
Principal Place of Business Mailing Address					C0000400	
18589 OCEAN MIST DRIVE BOCA RATON, FL 33498		18589 OCEAN MIST DRIVE Boca Raton, FL 33498			60028123	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03222006 Chg-P CR2E034 (11/05)	
City & State		City & State			4. EEI Number 39/259 Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent	
CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E Street A				Name Er	RICA Ubyalter	
				Street Address	ss (P.O. Box Number is Not Acceptable)	
PALM BEACH GARDENS, FL 33410				18584.0ceun MIST DR		
City &				DOCO BOCO	RATON FL Zip Code of Styles	
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 UNIVERSITY ERICA WOOGHTWAT 4/16/06 Signature, typed or printed name of registered agent and title if applicable (NOTE; Registered Agent signature required when reinstating) DATE						
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signifular required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					5.00 May Be dded to Fees	
10. OFFICERS ANI		DIRECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D -	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	WOGALTER, ERICA	Y	NAM	1		
STREET ADDRESS CITY-ST-ZIP	18589 OCEAN MIST DRIVE		•	ET ADDRESS		
	BOCA RATON, FL 33498	. ,		-ST-ZIP		
TITLE NAME		☐ Delete	1tTLE NAMI		Change Addition	
STREET ADDRESS			1	ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE	☐ Delete		TITLE		Change Addition	
NAME	1		NAM	E	- , -	
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			CITY	-ST-ZIP		
TITLE		☐ Delete	THTLE		☐ Change ☐ Addition	
NAME STREET ADDRESS		NAME STREE		et address		
CITY-SI-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAMI			
STREET ADDRESS			- Street Address			
CITY-S1-ZIP			CITY-SI-ZIP			
TITLE		☐ Delete THT		ļ	☐ Change ☐ Addition	
NAME OTHER ADDRESS			NAME CODECT A			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
	portifications the information of the terms	AND EUL DES COMMENT			- 1: Ob 110 First Otto I	
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						

AND NAME OF SIGNING OFFICER OR DIRECTOR

Date

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