

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000036455

Entity Name: WFT CONSULTING, INC.

FILED  
Apr 25, 2006  
Secretary of State

## Current Principal Place of Business:

PO BOX 197016  
WINTER SPRINGS, FL 327197016 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 197016  
WINTER SPRINGS, FL 327197016 US

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRAPPEN, WILLIAM J  
1605 TUSKAWILLA RD  
OVIEDO, FL 32765 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TRAPPEN, WILLIAM F  
Address: PO BOX 197016  
City-St-Zip: WINTER SPRINGS, FL 327197016 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRIN (X) Change ( ) Addition  
Name: TRAPPEN, WILLIAM F  
Address: PO BOX 197016  
City-St-Zip: WINTER SPRINGS, FL 327197016 US

Title: DIR ( ) Change (X) Addition  
Name: TRAPPEN, ROSEMARY F  
Address: PO BOX 197016  
City-St-Zip: WINTER SPRINGS, FL 327197016 US

Title: DIR ( ) Change (X) Addition  
Name: TRAPPEN, WILLIAM J  
Address: 1605 TUSKAWILLA RD  
City-St-Zip: OVIEDO, FL 32765 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLAM F. TRAPPEN

PRIN

04/25/2006

Electronic Signature of Signing Officer or Director

Date