

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000038181

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: "WE SHOW UP" RE-MODELERS, INC

## Current Principal Place of Business:

133 COLLEGE PARKWAY  
# 132  
GULB BREEZE, FL 32563

## Current Mailing Address:

133 COLLEGE PARKWAY  
# 132  
GULB BREEZE, FL 32563

FEI Number: 20-2493710

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

1333 COLLEGE PARKWAY  
# 132  
GULF BREEZE, FL 32563

## New Mailing Address:

1333 COLLEGE PARKWAY  
# 132  
GULFBREEZE, FL 32563

## Name and Address of Current Registered Agent:

MORRISON, JAMES C  
3895 WINONA DR  
PENSACOLA, FL 32504 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: KITE, DEBRA  
Address: 133 COLLEGE PARKWAY # 132  
City-St-Zip: GULF BREEZE, FL 32563

Title: VP ( ) Delete  
Name: ENSLEY, GARY L  
Address: 133 COLLEGE PARKWAY # 132  
City-St-Zip: GULF BREEZE, FL 32563

Title: VP ( ) Delete  
Name: CARDONA, CLEMENTE  
Address: 133 COLLEGE PARKWAY # 132  
City-St-Zip: GULF BREEZE, FL 32563

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KITE, DEBRA  
Address: 1333 COLLEGE PARKWAY # 132  
City-St-Zip: GULF BREEZE, FL 32563

Title: VP (X) Change ( ) Addition  
Name: ENSLEY, GARY L  
Address: 1333 COLLEGE PARKWAY # 132  
City-St-Zip: GULF BREEZE, FL 32563

Title: VP (X) Change ( ) Addition  
Name: CARDONA, CLEMENTE  
Address: 1333 COLLEGE PARKWAY # 132  
City-St-Zip: GULF BREEZE, FL 32563

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: DEBRA KITE

P

04/25/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date