


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90022 011 ***150.00

DOCUMENT # P05000049977

1. Entity Name
W. W. PROPERTY INVESTMENTS, INC.



Principal Place of Business Mailing Address
1578 S REGAL POINT **1578 S REGAL POINT**
INVERNESS, FL 34452 US **INVERNESS, FL 34452 US**

50004366



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

03152006 Chg-P CR2E034 (11/05)

City & State City & State

Zip Country Zip Country

4. FEI Number
20-2620460 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WHEELER, JOHN
1578 S REGAL POINT
INVERNESS, FL 34452

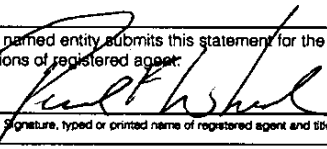
7. Name and Address of New Registered Agent

Name
Paul F. Wheeler

Street Address (P.O. Box Number is Not Acceptable)
1578 S Regal Point

City State Zip Code
Inverness FL 34452

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  **Paul F. Wheeler, President** **3/20/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | P <input type="checkbox"/> Delete |
| NAME | WHEELER, PAUL F |
| STREET ADDRESS | 1578 S REGAL POINT |
| CITY-ST-ZIP | INVERNESS, FL 34452 |
| TITLE | S,T <input type="checkbox"/> Delete |
| NAME | WHEELER, JOHN |
| STREET ADDRESS | 3598 EAST OAK TRACE PATH |
| CITY-ST-ZIP | INVERNESS, FL 34452 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **John F. Wheeler, Sec/Treas** **3/20/06** **352-726-0973**
Signature and typed or printed name of signing officer or director Date Daytime Phone #