

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000050637

FILED  
Apr 06, 2006  
Secretary of State

Entity Name: W HOME REPAIR INC.

**Current Principal Place of Business:**

314 W HAYA ST  
TAMPA, FL 33603

**New Principal Place of Business:**

**Current Mailing Address:**

314 W HAYA ST  
TAMPA, FL 33603

**New Mailing Address:**

FEI Number: 11-3747391

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

A1A REGISTERED AGENT INC.  
92 SADBERRY RD  
QUINCY, FL 32351 US

**Name and Address of New Registered Agent:**

KATHRYN, WINGET  
314 W HAYA ST.  
TAMPA, FL 33603 US

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: NATHAN WINGET

04/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WINGET, NATHAN  
Address: 314 W HAYA ST  
City-St-Zip: TAMPA, FL 33603

Title: VPD ( ) Delete  
Name: WINGET, KATHRYN  
Address: 314 W HAYA ST  
City-St-Zip: TAMPA, FL 33603

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KATHRYN WINGET

VPD

04/06/2006

Electronic Signature of Signing Officer or Director

Date