2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000051700

Entity Name: WANTED ANTIQUES, INC.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 90 FORREST AVENUE 333 KING STREET US SUITE# A COCOA, FL 32922 COCOA, FL 32922 **New Mailing Address: Current Mailing Address:** 90 FORREST AVENUE 333 KING STREET SUITE# A COCOA, FL 32922 US COCOA, FL 32922 US FEI Number: 20-2633745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: YOUNG, DAVID 984 SOÚTH FLORIDA AVENUE ROCKLEDGE, FL 32955 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition EMMERSON, MARILYN EMMERSON, KAREN L Name: Name: 90 FORREST AVENUE 820 UPLAND DRIVE Address: Address: City-St-Zip: PORT ORANGE, FL 32127 US City-St-Zip: COCOA, FL 32922 US VTD Title: (X) Change () Addition Title: () Delete Name: EMMERSON, KAREN L Name: EMMERSON, MARILYN L 90 FORREST AVENUE 820 UPLAND DRIVE Address: Address: PORT ORANGE, FL 32127 US City-St-Zip: COCOA, FL 32922 US City-St-Zip: (X) Change () Addition Title: () Delete Title: BROOKS, ASHLEY EMMERSON, HARRY S Name: Name: 1469 S/W IBIS STREET 4050 N FIESTA WAY Address: Address: City-St-Zip: PALM CITY, FL 34990 US City-St-Zip: PRESCOTT VALLEY, AZ 86314 US Title: () Delete Title: () Change (X) Addition BROOKS, ASHLEY N Name: Name: Address: Address: 3009 SE MORNINGSIDE City-St-Zip: City-St-Zip: PORT SAINT LUCIE, FL 34952 Title: Title: () Change (X) Addition () Delete EMMERSON, KAREN L Name: Name: Address: Address: 333 KING STREET City-St-Zip: City-St-Zip: COCOA, FL 32922

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: KAREN L. EMMERSON P 04/27/2006