

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000082558

Entity Name: WJM LLL, INC.

FILED
Sep 02, 2006
Secretary of State

Current Principal Place of Business:

123 N. CONGRESS AVE. C/O INDEPTH TAX MGMT.
#395
BOYNTON BEACH, FL 33426 US

Current Mailing Address:

123 N. CONGRESS AVE. C/O INDEPTH TAX MGMT.
#395
BOYNTON BEACH, FL 33426 US

FEI Number: 20-2972823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INDEPTH TAX MANAGEMENT, INC.
123 N. CONGRESS AVENUE
395
BOYNTON BEACH, FL 33426 US

New Principal Place of Business:

3512 E SILVER SPRINGS BLVD.
#116
OCALA, FL 34470 US

New Mailing Address:

3512 E SILVER SPRINGS BLVD.
#117 C/O INDEPTH TAX
OCALA, FL 33470 US

Name and Address of New Registered Agent:

INDEPTH TAX MANAGEMENT, INC.
3512 E SILVER SPRINGS BLVD.
#116
OCALA, FL 34470 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: JOHN A PARTICA, PH.D.

09/02/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCDANNOLD, WILLIAM
Address: 123 N. CONGRESS AVE. #395 C/O INDEPTH TAX
City-St-Zip: BOYNTON BEACH, FL 33426 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCDANNOLD, WILLIAM J
Address: 3512 E. SILVER SPRINGS BLVD. #116 INDEPTH
City-St-Zip: OCALA, FL 33470 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: WILLIAM J MCDANNOLD

P

09/02/2006

Electronic Signature of Signing Officer or Director

Date