

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90387 030 ***150.00

DOCUMENT # P05000085655

1. Entity Name
WENDY COOPER, INC.



Principal Place of Business
**11213 N.W. 46 DRIVE
 CORAL SPRINGS, FL 33076**

Mailing Address
**11213 N.W. 46 DRIVE
 CORAL SPRINGS, FL 33076**

2. Principal Place of Business
3864 Sheridan Street

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Hollywood, FL 33021

City & State

Zip
33021

Country
USA

Zip
 Country

40070000



04282006 Chg-P CR2E034 (11/05)

4. FEI Number
05-0624125

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIMONS, DAVID J 3864 SHERIDAN SREET HOLLYWOOD, FL 33021	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State FL Zip Code

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.

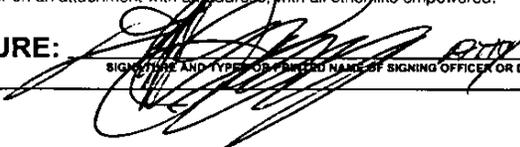
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST COOPER, WENDY L 11213 N.W. 46 DRIVE CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST COOPER, WENDY L 3864 Sheridan Street Hollywood, FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE: **4/28/06** (954)963-2225
Signature and typed or printed name of signing officer or director Date Daytime Phone #