2006 FOR PROFIT CORPORATION

Apr 13, 2006 8:00 am Secretary of State ANNUAL REPORT 04-13-2006 90277 039 ***150.00 **DOCUMENT # P05000114069** WEALTH PROTECTION SPECIALISTS, P.A. Mailing Address Principal Place of Business 60027462 12632 NW 13TH COURT 12632 NW 13TH COURT SUNRISE, FL 33323 SUNRISE, FL 33323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162006 CR2E034 (11/05) Chg-P 4. FEI Number 03-0570897 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent APPEL, MICHAEL 12632 NW 13TH COURT Street Address (P.O. Box Number is Not Acceptable) SUNRISE, FL 33323 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPST TITLE TITLE Channe ☐ Delete ☐ Addition NAME APPEL, MICHAEL NAME 12632 NW 13TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33323 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-7IP CITY-ST-71P TITLE ☐ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 eath; 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.

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

☐ Delete

SIGNATURE: NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-7IP

STREET ADORESS

NAME

☐ Change

Addition

FILED