

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000121115

Entity Name: THE WRITING KIT, INC.

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

13145 GRAND TRAVERSE DRIVE
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

13145 GRAND TRAVERSE DRIVE
DADE CITY, FL 33525

New Mailing Address:

FEI Number: 20-3483734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGALLS, KATHRYN M
13145 GRAND TRAVERSE DRIVE
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: INGALLS, WILLIAM B III
Address: 13145 GRAND TRAVERSE DRIVE
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: INGALLS, KATHRYN M
Address: 13145 GRAND TRAVERSE DRIVE
City-St-Zip: DADE CITY, FL 33525

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 M. INGALLS

D

04/24/2006

Electronic Signature of Signing Officer or Director

Date