


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2006 8:00 am**  
**Secretary of State**

05-17-2006 90019 036 \*\*\*150.00

<b>DOCUMENT # P05000141494</b> 1. Entity Name <b>W.A.M. INTERNATIONAL CORP.</b>					
Principal Place of Business <b>6005 STIRLING ROAD SUITE 150 DAVIE, FL 33314</b>			Mailing Address <b>6005 STIRLING ROAD SUITE 150 DAVIE, FL 33314</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		City & State		4. FEI Number <b>203649786</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>WALD, ANGELA 6005 STIRLING ROAD SUITE 150 DAVIE, FL 33314</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			<b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>WALD, MICHAEL</b> <b>P.O. BOX 2652</b> <b>HALLANDALE, FL 33008</b> <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>WALD, ANGELA</b> <b>P.O. BOX 2652</b> <b>HALLANDALE, FL 33008</b> <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.					
<b>SIGNATURE:</b> <u>MICHAEL WALD (V.P.)</u> <u>05/06/2006</u> <u>277-7744</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40093006

FLORIDA DEPARTMENT OF STATE  
Division of Corporation  
2006 Uniform Business Report (UBR)  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Filing of Uniform Business Report 2006

**P05000141494**

**W.A.M. INTERNATIONAL CORP.**

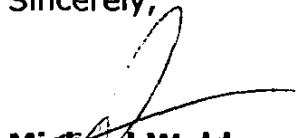
To Whom It May Concern:

This letter is to inform you that we have never received a Uniform Business Report form by the mail.

We would like to request you that you forgive all extra fees and accept the filling of our attached UBR, which has been prepared by us.

Any question or concern, feel free to contact me at (786) 277-7744.

Sincerely,



**Michael Wald**  
**W.A.M. International Corp.**  
**6005 Stirling Road**  
**Suite 150**  
**Davie, FL 33314**  
**Phone: (786) 277-7744**