


FILED  
Apr 03, 2006 8:00 am  
Secretary of State

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2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT # P05161                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                          |                                                                                                                      |                                                                                                                                                              |
| 1. Entity Name<br>WORRELL ENTERPRISES, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                          |                                                                                                                                                                                                       |                                                                                                                                                              |
| Principal Place of Business<br>255 NE 6TH AVE<br>DELRAY BEACH, FL 33483                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          | Mailing Address<br>255 NE 6TH AVE<br>DELRAY BEACH, FL 33483                                                                                                                                           |                                                                                                                                                              |
| 2. Principal Place of Business<br>1105 N. FEDERAL HWY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          | 3. Mailing Address<br>1105 N. FEDERAL HWY                                                                                                                                                             |                                                                                                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          | Suite, Apt. #, etc.                                                                                                                                                                                   |                                                                                                                                                              |
| City & State<br>BOYNTON BEACH, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                          | City & State<br>BOYNTON BEACH, FL                                                                                                                                                                     |                                                                                                                                                              |
| Zip<br>33435                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country<br>US                                                                                            | Zip<br>33435                                                                                                                                                                                          | Country<br>US                                                                                                                                                |
| 6. Name and Address of Current Registered Agent<br>WINTZER, WILLIAM A<br>255 NE 6TH AVE<br>DELRAY BEACH, FL 33483                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                          | 7. Name and Address of New Registered Agent<br>Name<br>WINTZER, WILLIAM R.<br>Street Address (P.O. Box Number is Not Acceptable)<br>1105 N. FEDERAL HWY<br>City<br>BOYNTON BEACH FL Zip Code<br>33435 |                                                                                                                                                              |
| 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.<br>SIGNATURE <u>William R. Wintzer</u> <u>WILLIAM R. WINTZER</u> DATE <u>3/28/06</u><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                               |                                                                                                          |                                                                                                                                                                                                       |                                                                                                                                                              |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                       |                                                                                                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                          | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                 |                                                                                                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>GOODYEAR, KIMBERLY A <input type="checkbox"/> Delete<br>125 LA POSTA RD<br>TAOS, NM 87571          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CD<br>WORRELL, THOMAS E. JR. <input type="checkbox"/> Delete<br>255 NE 6TH AVE<br>DELRAY BEACH, FL 33483 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                        | CD<br>WORRELL, THOMAS E., JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1105 N. FEDERAL HWY<br>BOYNTON BEACH, FL 33435 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VP<br>WORRELL, ODETTA A <input type="checkbox"/> Delete<br>255 NE 6TH AVE<br>DELRAY BEACH, FL 33483      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                        | VP<br>WORRELL, ODETTA A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1105 N. FEDERAL HWY<br>BOYNTON BEACH, FL 33435      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br>BECKER, LAURA <input type="checkbox"/> Delete<br>125 LA POSTA RD<br>TAOS, NM 87571                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                                          |                                                                                                                                                                                                       |                                                                                                                                                              |
| SIGNATURE: <u>[Signature]</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          | Date <u>3/28/06</u> Daytime Phone # <u>(505) 751-5090</u>                                                                                                                                             |                                                                                                                                                              |