## FILED Jun 12, 2007 8:00 am Secretary of State

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000123495 1. Entity Name							04-30-200	7 90442 027 ***	*150.00
W&W COMMUNICATIONS, INC.						<u>'</u>			
Principal Plac	e of Busines:	1	Mailing Address	•	٦	40080			
176 TALLADEGA TRAIL PENSACOLA, FL 32506  176 TALLADEGA TRAIL PENSACOLA, FL 32506							) 18940 	RI ISBNU TIRKU SIIII GIGTA TATĀR	TOTEN R 1911
2. Principal P	Place of Busin	ess - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04242007	Chg-P	CR2E034 (12/06)	
City & State			City & State			4. FEI Alumb	6575	06 N	oplied For or Applicable
Žip			Zip				ol Status Desired	\$8.75 Ad Fee Require	ditional ad
<del>- :</del>	6. Name	and Address of Current	Registered Agent	7. Name and Address of New Registered Agent Name					
- WULZER, ERNEST C JR. 176 TALLADEGA TRAIL PENSACOLA, FL. 32506					Street Address (P.O. Box Number is Not Acceptable)				
; >									
					City			FL Zip Cox	
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 pritted name of registered agent and tide 4 applicable. (NOTE: Registered Agent agnishus requi							<u> </u>	DATE	
FIL After M	E NOW!!! lay 1, 2001	FEE IS \$150.00 7 Fee will be \$550.	9. Election Camp. Trust Fund Cor			5.00 May Be ded to Fees	] 		
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	CERS AND DIRECTOR	S IN 11
TITLE NAME	PST	S PON	Ociate	TITL NAV	I			Change	Addition
NAME WILLIAMS, RON STREET ADDRESS 176 TALLADEGA TRAIL					EET AODRESS				
CITY-ST-ZIP	1				·ST-ZIP				
TITLE	V		Oelete	tm.	1		-	☐ Change	Addition
NAME STREET ADDRESS		, ERNEST C JR. ADEGA TRAIL		NAV	EET ALDORESS				
CITY-ST-ZIP		DLA, FL 32506			-ST-ZIP				
TITLE	☐ Delete Trm				<u> </u>	-		☐ Change	Addition
NAME				NAM	· I				
STREET ADDRESS CITY-ST-ZEP					ET ADDRESS -S1-21P				
TITLE	<del> </del>	<del></del>	□ Delete	TITL	<del></del>			☐ Chance	Addition
NAME			_ Delete	NAM	E			_ 0.045	AGGAIGH
STREET ADDRESS					ET ADORESS				
CITY-ST-ZP	<u> </u>				-S1-21P				C Nation
NAME			☐ Detete	117E	I			Change	Addition
STREET ADDRESS	1			STR	ET ADDRESS				
CITY-ST-ZIP	<u> </u>			CITY	- ST - ZIP				
TITLE			☐ Delete	mu	<b>I</b>		_	☐ Change	Addition
STREET ADDRESS				NAM STRE	É ET ADORESS				}
CITY-ST-ZP					-\$1-ZIP				
12. I hereby	certify that the	e information supplied wit	h this filing does not quality f	or the ex	emptions contained	d in Chapter 11	9, Florida Statutes. I	further certify that the i	nformation
12. I hereby cartify that the information supplied with this filling 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 if 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 chapter 607 on an attachment with an address, with all pitter like repowered.									
5 40 / VX UDID									
SIGNATURE: XCMSeTULLIAN 9-65+									