


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 A
Secretary of State

DOCUMENT # P92000001840	
1. Entity Name WIGGINS FINANCIAL, INC.	

Principal Place of Business 1111 BRICKELL AVENUE SUITE 2050 MIAMI, FL 33131 US	Mailing Address 1111 BRICKELL AVENUE SUITE 2050 MIAMI, FL 33131 US
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03062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0366253	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FROST, IRWIN M 1111 BRICKELL AVENUE SUITE 2050 MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIGGINS, BURRELL M 2633 SPANISH RIVER RD BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIGGINS, BURRELL 2633 SPANISH RIVER ROAD BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WIGGINS, COLLEEN G 2633 SPANISH RIVER ROAD BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/04/06-80047-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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 *Burrell M Wiggins* 3-8-06 561-367-9250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #