2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 05, 2006 8:00 am Secretary of State DOCUMENT # P93000001765 04-05-2006 90154 030 ***150.00 1. Entity Name WPALM, INC. Principal Place of Business Mailing Address 50009175 1929 ALLEN PARKWAY 1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934 9TH FLOOR, # 2934 HOUSTON, TX 77019 HOUSTON, TX 77019 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. CR2E034 (11/05) 02132006 Chg-P 4. FEI Number Applied For City & State City & State Not Applicable 65-0379645 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 110 N. MAGNOLIA STREET TALLAHASSEE, FL 32301 Zip Code City FL 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Change ☐ Addition TITLE MAME LONBINO, NOBLE L NAME STREET ADDRESS 1929 ALLEN PKWY TREET ADDRESS ITY - ST - ZIP HOUSTON, TX 77019 CITY-ST-ZIP Change Addition VP. ☐ Delete TITLE ITLE TIMOTHY J. CLAIBORNE NAME NAME 1929 ALLEN PKWY., 9TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOUSTON, TX 77019 ☐ Addition Change Ch TITLE □ Delete TITLE MARK EUANS 1929 ALLEN PARKWAT LORING, HARRIS E III. NAME NAME STREET ADDRESS 1929 ALLEN PKWY, 9TH FLOOR STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77019 CITY-ST-7IP HOUS TON TH ☐ Change Addition □ Delete TITLE TITLE NAME MARSHA, JUDITH M NAME STREET ADDRESS 1929 ALLEN PKWY., 9TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOUSTON, TX 77019 ☐ Change ☐ Addition ☐ Delete D TITLE TITLE LONGINO, NOBLE L NAME STREET ADDRESS STREET ADDRESS 1929 ALLEN PKWY CITY-ST-ZIP HOUSTON, TX 77019 CITY - ST - ZIP ☐ Change ☐ Addition ☐ Belete TITLE OTLE MARSHALL, JUDITH M NAME AME STREET ADDRESS TREET ADDRESS 1929 ALLEN PKWY

12. I hereby certify 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 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.

CITY-ST-ZIP

SIGNATURE: MAR

ITY-ST-ZIP

HOUSTON, FL 77019

TREADSURER

3/28/06 7/3- 522-5/4/

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