2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jun 15, 2006 08:00 AN DOCUMENT # P93000013715 **Secretary of State** W & R INVESTMENT PROPERTIES, INC. Principal Place of Business Mailing Address 650 DOUGLAS AVE 650 DOUGLAS AVE STE 1020 STE 1020 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-3177268 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name B & C CORPORATE SERVICES, INC. ONE BISCAYNE TOWER, 21ST FL Street Address (P.O. Box Number is Not Acceptable) 2 SOUTH BISCAYNE BLVD **MIAMI FL 33131** City Zip Code 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 DATE Signature, typed or printed name of registered agent and little it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE TITLE Delete U00000567247 NAME LEWIS, WENDY R NAME 06/15/06-80003-018 150.00 STREET ADDRESS STREET ADDRESS 256 NEW GATE LOOP CITY-ST-ZIP CITY-ST-ZIP HEATHROW FL Delete Change Addition TITLE TITLE NAME NAME RAY, RANDY STREET ADDRESS STREET ADDRESS 256 NEW GATE LOOP CITY-ST-ZIP CITY-ST-ZIP HEATHROW FL Delete TIT) F ☐ Change Addition DIR F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Change Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE:

5-1-06

FILED