

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000032262		
1. Entity Name WANDERINGS, INC.		
Principal Place of Business 312 FIRST ST NW HAVANA, FL 32333 US		Mailing Address 9120 SHOAL CREEK DRIVE TALLAHASSEE, FL 32312
DO NOT WRITE IN THIS SPACE		
		 03082006 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3179370		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 LOMBARDO, BARBARA J 9120 SHOAL CREEK DRIVE TALLAHASSEE, FL 32312		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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 1300001486453 03/23/06-00012-002 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOMBARDO, BARBARA J 9120 SHOAL CREEK DRIVE TALLAHASSEE, FL 32312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOMBARDO, ANTHONY M 9120 SHOAL CREEK DRIVE TALLAHASSEE, FL 32312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS PAUL, TERRI L 3508 TRILLIUM CT TALLAHASSEE, FL 32312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  Terri L. Paul		Date 3-9-06 Daytime Phone # 8505397711