


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000046216
 1. Entity Name
SANDI LYNNE WRITTEN WORDS, INC.



Principal Place of Business
**9119 E BOCA GARDENS CIRCLE SOUTH
 BOCA RATON, FL 33496**

Mailing Address
**9119 E BOCA GARDENS CIRCLE SOUTH
 BOCA RATON, FL 33496**

DO NOT WRITE IN THIS SPACE



04162006 No Chg-P CR2E034 (11/05)

4. FEI Number
11-2630694 Applied For
 (Not Applicable)

5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LYNNE, SANDI
 WALL STREET IN ADVANCE
 9119 E BOCA GARDENS CIRCLE SOUTH
 BOCA RATON, FL 33496**

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 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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 | P |
| NAME | LYNNE, SANDI |
| STREET ADDRESS | 9119 E BOCA GARDENS CIRCLE SOUTH |
| CITY-ST-ZIP | BOCA RATON, FL 33496 |
| TITLE | ST |
| NAME | FREEMAN, RITA |
| STREET ADDRESS | 10799 SANTA ROSA DR |
| CITY-ST-ZIP | BOCA RATON, FL 33497 |
| 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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 05/16/06-80026-011 158.75

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 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:  Pres. **4/26/06** **561482-2167**