2006 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-SI-ZIP

May 03, 2006 08:00 AM Secretary of State DOCUMENT # P94000056607 YVONNE D. WHERRETT, INC. Principal Place of Business Mailing Address 7162 MONTREAL DRIVE 7162 MONTREAL DRIVE LAKELAND, FL 33809 LAKELAND, FL 33809 US 01062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied F 4. FEI Number 59-3306380 Not Applic \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WHERRETT, YVONNE DO NOT WRITE 7162 MONTREAL DRIVE LAKELAND, FL 33809 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 acc. the obligations of registered agent. Winsley D. Wlands Signature, typed of drinted name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be 05/18/06-80017-015 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WHERRETT, YVONNE NAME STREET ADDRESS 7162 MONTREAL DR CITY-ST-ZIP LAKELAND, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP सार IN THIS SPACE NAME STREET ADDRESS COTY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 it made under eath; 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.

HAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #