


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000025023</b>		
1. Entity Name W.T.S. CONSULTING, INC..		
Principal Place of Business 12551 FRANK DR N SEMINOLE, FL 33776-1717 US	Mailing Address 12551 FRANK DR N SEMINOLE, FL 33776-1717 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  SENICK, WALTER T 12551 FRANK DR. N. SEMINOLE, FL 33776		<b>DO NOT WRITE IN THIS SPACE</b>
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 re-registering)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENICK, WALTER T 12551 FRANK DR N SEMINOLE, FL 33776	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENICK, JUDY K 12551 FRANK DR N SEMINOLE, FL 33776	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAUGHAN, VICTORIA 11747 82ND TERRACE NORTH SEMINOLE, FL 33772	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Walter T Senick</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/7/07</u> <u>727-595-6652</u> <small>Date Daytime Phone #</small>



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3309014	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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01/12/07-80008-011 150.00

**DO NOT WRITE  
IN THIS SPACE**