

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 24, 2006 8:00 am
Secretary of State**

04-24-2006 90450 027 ***150.00

DOCUMENT # P95000093509		
1. Entity Name WANE SERVICES CORP.		

Principal Place of Business 11649 MANDARIN TERRACE ROAD JACKSONVILLE, FL 32223	Mailing Address POST OFFICE BOX 23375 JACKSONVILLE, FL 32241
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 11649 Mandarin Terrace Rd. Suite, Apt. #, etc.
---	---

City & State Jacksonville, FL	Zip 32223	Country USA
----------------------------------	--------------	----------------

6. Name and Address of Current Registered Agent OEHLMAN, WAYNE L 11649 MANDARIN TERRACE RD. JACKSONVILLE, FL 32223	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
---	---

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 OEHLMAN, WAYNE L	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	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 TITLE: PD NAME: OEHLMAN, WAYNE LOUIS STREET ADDRESS: 11649 MANDARIN TERRACE ROAD CITY-ST-ZIP: JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
---	---------------------------------	---	---

TITLE: STD NAME: OEHLMAN, EMILY R STREET ADDRESS: 11649 MANDARIN TERRACE ROAD CITY-ST-ZIP: JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---------------------------------	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---------------------------------	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---------------------------------	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---------------------------------	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
--	---------------------------------	--	--

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: <i>Wayne Louis Oehlman</i> Wayne Louis Oehlman

50015198



04212006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3366129 Applied For
 Not Applicable

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

FL Zip Code

DATE

4/21/06

Date Daytime Phone #