

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


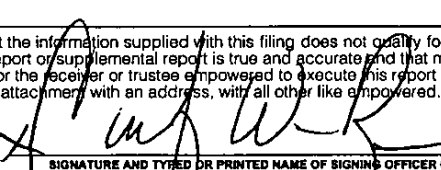
**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90035 033 \*\*\*150.00

**60007792**



01042006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P95000097940</b>			
1. Entity Name <b>WAAS, INC.</b>			
Principal Place of Business <b>7320 GRIFFIN ROAD STE 203 DAVIE, FL 33314 US</b>		Mailing Address <b>7320 GRIFFIN ROAD STE 203 200 DAVIE, FL 33314 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>14201 W. Sunrise Blvd</b>		Suite, Apt. #, etc. <b>14201 W. Sunrise Blvd</b>	
City & State <b>Suite 201 Sunrise, FL 33323</b>		City & State <b>Suite 201 Sunrise, FL 33323</b>	
Zip <b>33323</b>	Country	Zip <b>33323</b>	Country
4. FEI Number <b>65-0646553</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BARR, DANIEL A 7320 GRIFFIN ROAD STE 203 DAVIE, FL 33314</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>14201 W. Sunrise Blvd</b> <b>Suite 201</b> City <b>Sunrise, FL 33323</b> <b>FL</b> Zip Code	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WAAS-RUSSIYAN, CYNTHIA 7320 GRIFFIN ROAD STE 203 DAVIE, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>14201 W. Sunrise Blvd</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Suite 201</b> <b>Sunrise, FL 33323</b>
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 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
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. X <b>1/20/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>CYNTHIA WAAS RUSSIYAN</b>		Date Daytime Phone #	