


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jun 01, 2006 8:00 am
Secretary of State**

04-27-2006 90174 002 ***158.75

DOCUMENT # P96000009298 1. Entity Name 4WHAT, INC.	
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Principal Place of Business 24017 PRODUCTION CIRCLE BONITA SPRINGS, FL 34135 US	Mailing Address PO BOX 327 KENT CITY, MI 49330 US
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04112006 No Chg-P CR2E034 (11/05)

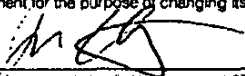
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0638732	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent COSSETTA, JIM 8430 HOLLOW BROOKE CIRCLE NAPLES, FL 34119

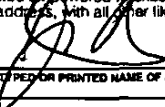
**DO NOT WRITE
IN THIS SPACE**

9. 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 reinstating)</small>	DATE
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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	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COSSETTA, JIM 8430 HOLLOW BROOKE CIRCLE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ESCH, THOMAS J 90 SPRING STREET KENT CITY, MI 49330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MASTRO, WADE 8451 HOLLOW BROOKE CIRCLE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ATWOOD, REID 518 96TH AVE NORTH NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT, RICHARD J 90 SPRING ST KENT CITY, MI 49330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOODFELLOW, RANDALL E 90 SPRING STREET KENT CITY, MI 49330

**DO NOT WRITE
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 5/25/06 2399499334 <small>Daytime Phone #</small>
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