## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000092647

Entity Name: WESTERN INFORMATION MANAGEMENT, INC.

FILED Jan 24, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2525 FOWLER ST. 5100 S. CLEVELAND AVE FT. MYERS, FL 33901 SUITE 318 PMB318 FT. MYERS, FL 33907

Current Mailing Address: New Mailing Address:

2525 FOWLER ST. 5100 S. CLEVELAND AVE. FT. MYERS, FL 33901 SUITE 318 PMB 318 FT. MYERS, FL 33907

FEI Number: 65-0708586 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

QUINN, THOMAS
2525 FOWLER ST.
FT. MYERS, FL 33901 US
QUINN, THOMAS
5100 S. CLEVELAND AVE
SUITE 318 PMB 318
FT. MYERS, FL 33907 US

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.

SIGNATURE: 01/24/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 $\label{eq:title: Y (x) Delete} Title: \qquad Y \qquad \qquad (X) \ Change \ (\ ) \ Addition$ 

Name: QUINN, THOMAS Name: QUINN, THOMAS

Address: 2525 FOWLER ST. Address: 5100 S. CLEVELAND AVE SUITE 318 PMB 318

City-St-Zip: FT. MYERS, FL 33901 City-St-Zip: FT. MYERS, FL 33907

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 QUINN, PATRICK
 Name:

 Address:
 2508 NOVATO PLACE
 Address:

 City-St-Zip:
 PALOS VERDES ESTATES, CA 90274
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS QUINN PRES 01/24/2006