2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment

SIGNATURE:

Jul 21, 2006 8:00 am Secretary of State DOCUMENT # P97000000905 1. Entity Name 07-21-2006 90024 040 ***150.00 WACKY SALES & SERVICE, INC. Principal Place of Business Mailing Address 1300 STIRLING RD 1300 STIRLING RD DANIA FL 33004 **DANIA FL 33004** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) 4. FEI Number Applied For City & State City & State 65-0722481 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON, CHARLES H JR. 6455 BAY CLUB DR #4 Street Address (P.O. Box Number is Not Acceptable) ns)cm FT LAUDERDALE FL 33308; 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition JOHNSON, CHARLES H JR. 5 NAME NAME 6455 BAY CLUB DR #4 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33308 CITY-ST-7IP CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THILE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUY-ST-7fP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY - ST - ZIP CITY ST - ZIP ☐ Delete ☐ Change ☐ Addition TIFLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 12. Thereby 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 empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

Daytime Phone #