


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90044 005 ***150.00

DOCUMENT # P97000009672
 1. Entity Name
WUN PUBLICATIONS, INC.



Principal Place of Business Mailing Address
7100 PEMBROKE ROAD 7100 PEMBROKE ROAD
MIRAMAR FL 33023 MIRAMAR FL 33023
US



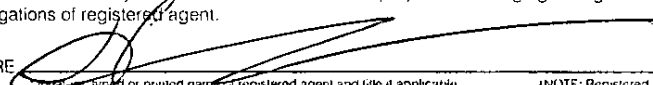
2. Principal Place of Business 3. Mailing Address
10890 SW 27 Ct.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
DAVIE FL

City & State City & State
33328
 Zip Country Zip Country
USA

1st MOORE CR2E034 (10/05)
 4. FEI Number **65-0641311** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RICHARDS, HEIDI
7100 PEMBROKE ROAD 10890 SW 27 Ct.
MIRAMAR FL 33023 Davie FL
33328

7. Name and Address of New Registered Agent
 Name **HEIDI RICHARDS**
 Street Address (P.O. Box Number is Not Acceptable) **10890 SW 27 Ct. #**
DAVIE FL 33328
 City **FL** 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 re-registering) DATE **3-8-06**

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RICHARDS, HEIDI	
STREET ADDRESS	7100 PEMBROKE ROAD	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, HEIDI	
STREET ADDRESS	10890 SW 27 Ct.	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **HEIDI RICHARDS** **3-8-06 954-683-4399**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #