► 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000015579

WILLENBORG INTERNATIONAL, INC.

FILED Apr 04, 2006 08:00 AM **Secretary of State**

Principal Place of Business

555 NE 34TH STREET APT, 2207

MIAMI, FL 33137

Malling Address

555 NE 34TH STREET APT. 2207 MIAMI, FL 33137



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03112006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0739525 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

GOLDMAN, PETER R 6550 NORTH FEDERAL HIGHWAY SUITE 511 PORT ROYALE FINANCIAL CENTER FORT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

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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						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	บบบบบบขยาร75 04/19/06-80บ27-024 158.7 5	
16. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLENBORG, SUSAN W 555 NE 34TH STREET APT. 2207 MIAMI, FL 33137					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP