2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000058004

FILED Mar 21, 2006 Secretary of State

Entity Nar	me: WM.C.H	HUFF WAREHOUSING-FLORID	A, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
4227 PRO NAPLES, F	GRESS AVE FL 34104						
Current Mailing Address:			New Maili	New Mailing Address:			
4227 PRO NAPLES, F	GRESS AVE FL 34104						
FEI Number:	: 59-3459751	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
HILTON, MICHAEL 5549 WENDY LANE NAPLES, FL 34112 US			948 BELVII	HENDERSON, JIM L 948 BELVILLE BLVD. NAPLES, FL 34104 US			
	named entity of Florida.	submits this statement for the pu	rpose of changing i	ts registered o	ffice or registered agent, or both,		
SIGNATURE: JIM L HENDERSON				03/21/2006			
	Electro	nic Signature of Registered Ager	nt		Date		
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	V (HILTON, MICH 5549 WENDY NAPLES, FL 3	LANE	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	PTS (HENDERSON, 31 BLUE HILL: ROCHESTER,	S DRIVE	Title: Name: Address: City-St-Zip:	PTS (X) HENDERSON, 948 BELVILLE NAPLES, FL 3	BLVD.		
Title: Name: Address: City-St-Zip:	PETERSON, E	OOD LAKES BLVD B-204	Title: Name: Address: City-St-Zip:	V (X) ELFRETH, MITO 1561 16TH AVE NAPLES, FL 3-	E. SW		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	V () RICHARDSON, 3612 SEAGRAI NAPLES, FL 3-	PE AVE.		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	V () BARRY, AAROI 5549 WENDY L NAPLES, FL 3-	ANE		

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: JIM L HENDERSON **PTS** 03/21/2006