.. 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P97000068222

WORTHWHILE AFFORDABLE DEVELOPMENT II, INC.



FILED May 01, 2006 08:00 A Secretary of State

Principal Place of Business

2933 W. SR 434

SUITE 101

LONGWOOD, FL 32779

Mailing Address

2933 W. SR 434 SUITE 101

LONGWOOD, FL 32779



01302006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3464683 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ROYALL, H. J. JR 2933 W. SR 434 **SUITE 101**

DO NOT WRITE IN THIS COACE

LONGWOOD, FL 32779			IN THIS SPACE		
	named entity submits this statement for the palons of registered agent.	surpose of changing its registere	d office or i	egistered agent, or bo	th, in the State of Florida. I am famillar with, and accept
SIGNATURE Signature, typed or printed name of registored agent and title if applicable. (NOTE: Registered			d Agent signature required when reinstating)		DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	I		
TITLE HAME STREET ADDRESS CITY-ST-ZIP	PSTD ROYALL, H. J. JR 2933 W SR 434, SUITE 101 LONGWOOD, FL 32779		·		U00000546368 05/11/06-80114-004 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP	:			IN ²	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·		
TITLE NAME STREET ADDRESS				,	

12. I hereby 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 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF ST OFFICER OR DIRECTOR

457774636