2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Jan 27, 2006 08:00 AN DOCUMENT # P97000080711 Secretary of State 1. Entity Name WM. L. COMPANIES, INC. Principal Place of Business Mailing Address 2 EAST CAMINO REAL 2220 E. SILVER PALM RD BOCA RATON, FL 33432 BOCA RATON, FL 33432 01132006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0781532 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Recuired 5. Name and Address of Current Registered Agent SZYMANSKI, WILLIAM R DO NOT WRITE 2220 E. SILVER PALM ROAD BOCA RATON, FL 33432 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE UD0000402636 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 Trust Fund Contribution. Added to Fees 02/03/06-80017-025 150.00 After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PTD TITLE NAME SZYMANSKI, WILLIAM R STREET ADDRESS 2220 E. SILVER PALM ROAD CITY-ST-ZIP BOCA RATON, FL 33432 TITLE VSD **8ZYMANSKI, LYNNE E** NAME STREET ADDRESS 2220 E. SILVER PALM ROAD CATY-ST-ZIP BOCA RATON, FL 33432 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CTY-ST-ZP

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
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/06 561 756-6918