

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000002347

Entity Name
WAJA, INC.



Principal Place of Business
1900 RINGLING BLVD.
SARASOTA, FL 34236

Mailing Address
PO BOX 49316
SARASOTA, FL 34230

DO NOT WRITE IN THIS SPACE

**FILED
Apr 20, 2006 08:00 AM
Secretary of State**



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0803678	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANCER, M J
1900 RINGLING BLVD.
SARASOTA, FL 34236

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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 signature required when reinstating)

DATE

**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**

000000522199
05/03/06-80017-003 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LANCER, M. JAY
STREET ADDRESS 210 LITTLE POND LN
CITY-ST-ZIP SRARSOTA, FL 34242

TITLE SD
NAME MULLETT, KIM
STREET ADDRESS 5208-10 OCEAN BLVD
CITY-ST-ZIP SARASOTA, FL 34242

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Kim L Mullet

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06

941-349-9392

Date

Daytime Phone #