


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000091126 1. Entity Name WAGS TO RICHES CO.																																																																							
Principal Place of Business 5143 SOUTH HIGHWAY 17-92 CASSELBERRY, FL 32707			Mailing Address 5143 SOUTH HIGHWAY 17-92 CASSELBERRY, FL 32707																																																																				
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																				
City & State			City & State																																																																				
Zip		Country		4. FEI Number 59-3539130																																																																			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																			
6. Name and Address of Current Registered Agent KORT, JANE R 5143 S. HWY 17-92 CASSELBERRY, FL 32707				7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code																																																																			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">PSTD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>KORT, JANE R</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5143 SOUTH HIGHWAY 17-92</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CASSELBERRY, FL 32707</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	PSTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	KORT, JANE R		NAME			STREET ADDRESS	5143 SOUTH HIGHWAY 17-92		STREET ADDRESS			CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP																																						
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Jane R Kort</u> 4-19-05 407-831-0304 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																							