2006 FOR PROFIT CORPORATION

Apr 17, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P99000020037** 04-17-2006 90413 048 ***150.00 1. Entity Name W MICHAEL ANDERSON INC Principal Place of Business Mailing Address 4901 IVY LEAGUE CT 4901 IVY LEAGUE CT APT 6 APT 6 MELBOURNE, FL 32905 MELBOURNE, FL 32905 2. Principal Place of Business 2497 Hide Amay Law 3. Mailing Address 3. Mailing Address 2497 Hide Amay Law Suite. Apt. #, etc. Suite. Apt. #, etc. 02262006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0908095 Malaba Not Applicable \$8:75 Additional --5. Certificate of Status Desireo \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDERSON, W. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 4901 IVY LEAGUE CT APT 6 MELBOURNE, FL 32905 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE TITLE Delete 249) Aldeaway Lane Malabar FL 32930 ANDERSON, W. MICHAEL NAME NAME 4901 IVY LEAGUE CT APT 6 STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP MELBOURNE, FL 32905 ☐ Change ■ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change [Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 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.

Wook M. and SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FILED