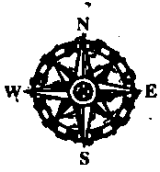


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2005 8:00 am
Secretary of State

06-24-2005 90003 033 ***150.00

DOCUMENT # P99000070115 1. Entry Name WAYPOINTS UNLIMITED, INC.					
Principal Place of Business 3975 ST JOHNS AVE JACKSONVILLE, FL 32205			Mailing Address 3975 ST JOHNS AVE JACKSONVILLE, FL 32205		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip			Zip		
Country			Country		
4. FEI Number 59-3594860			Applied For Not Applicable		
5. Continuation of S-1 or S-2 \$8.75 A fee is required			6. Name and Address of Current Registered Agent BARLEY, DAVID R SR, CPA GUNN & COMPANY CPA PA 4345 SOUTHPOINT BLVD SUITE 100 JACKSONVILLE, FL 32216		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
12. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information in this report or supplement is true and accurate and that my signature shall have the same legal effect as if made by the officer or director of the corporation or the corporation or officer authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the "Officers and Directors" section of this report.					
SIGNATURE: <u>Carol E. Mariotti</u> <u>President</u> <u>6-22-05</u> <u>904994-7887</u> SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



Waypoints Unlimited

ATTACHMENT

40089368
P49000070115

3975 St. Johns Ave., Jacksonville, FL 32205
(904) 388-1141

4-30-05

To Whom it May Concern:

Please accept the enclosed
check for \$150.00. I expected my CPA
to include the usual form when I received
my income tax ^(APRIL 15!!) paperwork and did not. I
cannot charge to my credit card, and when
I tried to download the form, I had
problems. So, I hope the check is acceptable -
if a form can be sent and filled out after
the fact I will be glad to comply -

Sincerely,

Carol Marvotti

(H) 904-221-5897

(C) 904-994-7887