

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90067 049 \*\*\*150.00

<b>DOCUMENT # P99000070115</b> 1. Entity Name <b>WAYPONTS UNLIMITED, INC.</b>			
Principal Place of Business <b>3975 ST JOHNS AVE JACKSONVILLE, FL 32205</b>		Mailing Address <b>3975 ST JOHNS AVE JACKSONVILLE, FL 32205</b>	
2. Principal Place of Business <b>1931 University Blvd N.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1931 University Blvd N.</b> Suite, Apt. #, etc.	
City & State <b>Jacksonville, Florida</b> Zip <b>32211</b> Country		City & State <b>Jacksonville, Florida</b> Zip <b>32211</b> Country	
4. FEI Number <b>59-3594860</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BARLEY, DAVID P SR, CPA GUNN &amp; COMPANY CPA PA 4345 SOUTHPOINT BLVD SUITE 100 JACKSONVILLE, FL 32216</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MARIOTTI, CAROL</b> <b>3975 ST JOHNS AVE</b> <b>JACKSONVILLE, FL 32205</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, OWNER <b>MARIOTTI, CAROL</b> <b>1931 University Blvd N.</b> <b>JAX. FLA. 32211</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <u>Carol E. Mariotti</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>CAROL MARIOTTI</u> <u>5-1-06</u> <u>9049947007</u> <small>Date Daytime Phone #</small>	

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04302006 Chg-P CR2E034 (11/05)