


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90081 008 \*\*\*158.75

<b>DOCUMENT # P99000083053</b>	
1. Entity Name <b>WAYNE ENTERPRISES, INC.</b>	

Principal Place of Business <b>5226 PENGUIN DR HOLIDAY, FL 34690</b>	Mailing Address <b>5226 PENGUIN DR HOLIDAY, FL 34690</b>
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2. Principal Place of Business <b>3633 MORGANS BLUFF CT</b> Suite, Apt. #, etc.	3. Mailing Address <b>35101 Harper Ave</b> Suite, Apt. #, etc.
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City & State <b>Land O Lakes FL</b>	City & State <b>Clinton Twp MI</b>
Zip <b>34639</b>	Country <b>Macomb</b>



03072005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0951217</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CHEWINS, CARL M 9011 OLDE HICKORY FT MYERS, FL 33912</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 <i>Carl Chewins</i>	DATE <b>3/12/2005</b>
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BAKER, ARTHUR</b>		NAME <b>Charles Baker</b>	
STREET ADDRESS <b>5226 PENGUIN DR</b>		STREET ADDRESS <b>3633 MORGANS BLUFF CT</b>	
CITY - ST - ZIP <b>HOLIDAY, FL 34690</b>		CITY - ST - ZIP <b>LAND O LAKES FL 34639</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 exemption stated in Section 119.07(3)(i), 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: <i>Charles Baker</i>	DATE <b>3/10/2005</b>	DAYTIME PHONE # <b>(810) 343 4352</b>
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