

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90035 027 ***150.00

DOCUMENT # P99000096656 1. Entity Name WAREHOUSE AMERICA, INC.			
Principal Place of Business 7320 GRIFFIN ROAD SUITE 203 FORT LAUDERDALE, FL 33314		Mailing Address 7320 GRIFFIN ROAD SUITE 203 FORT LAUDERDALE, FL 33314	
2. Principal Place of Business Suite, Apt. #, etc. 14201 W. Sunrise Blvd		3. Mailing Address Suite, Apt. #, etc. 14201 W. Sunrise Blvd	
City & State Suite 201 Sunrise, FL 33323		City & State Suite 201 Sunrise, FL 33323	
Zip Sunrise, FL 33323		Zip Sunrise, FL 33323	
4. FEI Number 65-0958609		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARR, DANIEL A 7320 GRIFFIN ROAD SUITE 203 FORT LAUDERDALE, FL 33314		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14201 W. Sunrise Blvd Suite 201 City Sunrise, FL 33323 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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-ST-ZIP	PD CREED, JERE D 7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14201 W. Sunrise Blvd Suite 201 Sunrise, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOSE, MARK 7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14201 W. Sunrise Blvd Suite 201 Sunrise, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PRINCIPE, NIEL J 7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14201 W. Sunrise Blvd Suite 201 Sunrise, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARR, DANIEL A 7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14201 W. Sunrise Blvd Suite 201 Sunrise, FL 33323
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
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.			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>1/6/06</i> Daytime Phone #	

40900374



01042006 Chg-P CR2E034 (11/05)