


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # S75640</b> 1. Entity Name <b>WRAGG &amp; CASAS PUBLIC RELATIONS, INC.</b>	
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FILED

06 APR -7 AM 11:31

SECRET, STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1000 BRICKELL AVE STE 400 MIAMI, FL 33131 US	Mailing Address 1000 BRICKELL AVE STE 400 MIAMI, FL 33131 US
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01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0278572	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CASAS, RAMON F. 1000 BRICKELL AVE STE 400 MIAMI, FL 33131	<b>DO NOT WRITE IN THIS SPACE</b>
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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:  1/13/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	WRAGG, OTIS O.
STREET ADDRESS	1000 BRICKELL AVE #400
CITY-ST-ZIP	MIAMI, FL 33131,
TITLE	D
NAME	CASAS, RAMON F.
STREET ADDRESS	1000 BRICKELL AVE, #400
CITY-ST-ZIP	MIAMI, FL
TITLE	EVP
NAME	WRAGG, JOANNA
STREET ADDRESS	1000 BRICKELL AVENUE #400
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200072755612  
04/28/06--01035--004 \*\*350.00

**DO NOT WRITE IN THIS SPACE**

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:  1/13/06 (305) 3721234  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #