2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # S87653 Apr 17, 2006 08:00 AN 1. Entity Name **Secretary of State** WAOT, INC. Principal Place of Business Mailing Address 100 W, LIVINGSTON STREET 100 W. LIVINGSTON STREET ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3088229 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARMENING W.A. II Street Address (P.O. Box Number is Not Acceptable) 100 W. LIVINGSTON STREET ORLANDO FL 32801 City Zip Code FL 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 Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DST Delete TITLE ☐ Change 🔲 Ασσή NAME STINE, ROBERT H NAME U00000511994 STREET ADDRESS 100 W. LIVINGSTON STREET STREET ADDRESS 04/29/06-80073-007 150.00 CITY-ST-7IP ORLANDO FL 32801 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Ammin HARMENING W.A., II MAME STREET ADDRESS 100 W. LIVINGSTON STREET STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITLE ☐ Defete Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CitY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Adding STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Allen ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete MLE Change ☐ Add 6: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions confained in Section 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 trusted 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 accirect.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1206