

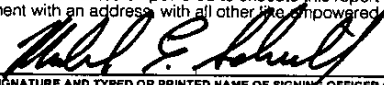


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V01284 1. Entity Name WBMC EQUITY CORPORATION			FILED 06 MAY 18 PM 1:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business C/O BRENNER REAL ESTATE 1500 W. CYPRESS CREEK ROAD, #409 FORT LAUDERDALE, FL 33309 US		Mailing Address C/O BRENNER REAL ESTATE GROUP 1500 W. CYPRESS CREEK RD., #409 FORT LAUDERDALE, FL 33309	
 02242006 No Chg-P CR2E034 (11/05)			
DO NOT WRITE IN THIS SPACE		4. FEI Number 65-0318719 Applied For <input type="checkbox"/> Not Applicable	
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHULTZ, MICHAEL E C/O BRENNER REAL ESTATE 1500 W. CYPRESS CREEK ROAD, #409 FORT LAUDERDALE, FL 33309		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, <input type="checkbox"/> or to affirm 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>			
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 900075893869 06/06/06--01060--007 **\$50.00	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	PTD		
NAME	SCHULTZ, MICHAEL E		
STREET ADDRESS	2830 LONG MEADOW DR.		
CITY-ST-ZIP	WEST PALM BEACH, FL 33414		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		4/13/06 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	