


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # V02183 1. Entity Name W.S.K., INC.		
Principal Place of Business 2800 PLACIDA ROAD SUITE 110 ENGLEWOOD, FL 34224	Mailing Address 2800 PLACIDA ROAD SUITE 110 ENGLEWOOD, FL 34224 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BARCO, CARROLL S., SR. 6220 S. ORANGE BLOSSOM TRAIL SUITE 194 ORLANDO, FL		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, 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> DATE _____		
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALONE, WILLIAM J. 9564 MIAMI CIR PORT CHARLOTTE, FL 33981	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MALONE, SANDRA O'LEARY 9564 MIAMI CIR PORT CHARLOTTE, FL 33981	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLOOD, KIMBERLY J 581 FOX GLOVE RD VENICE, FL 34293	
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: <u>Sandra A. Malone</u> <u>Sandra A. MALONE</u> 4/21/06 941 698-1515 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0309439	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/04/06-80116-016 150.00

**DO NOT WRITE
IN THIS SPACE**