

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004524

FILED
Jan 28, 2009
Secretary of State

Entity Name: WEALTH CAPITAL INVESTMENTS, INC.

Current Principal Place of Business:

400 INTERSTATE NORTH PARKWAY
PLATINUM TOWER, SUITE 500
ATLANTA, GA 30339 US

New Principal Place of Business:

Current Mailing Address:

400 INTERSTATE NORTH PARKWAY
PLATINUM TOWER, SUITE 500
ATLANTA, GA 30339 US

New Mailing Address:

FEI Number: 13-3908041 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALDRICH, ROBERT M
Address: 400 INTERSTATE NORTH PARKWAY, SUITE 500
City-St-Zip: ATLANTA, GA 30339 US

Title: V () Delete
Name: JOESTER-VON SAMSON, JÖRG
Address: 400 INTERSTATE NORTH PARKWAY, SUITE 500
City-St-Zip: ATLANTA, GA 30339 US

Title: SD () Delete
Name: KRUETTEN, RAINER
Address: 400 INTERSTATE NORTH PARKWAY, SUITE 500
City-St-Zip: ATLANTA, GA 30339 US

Title: AS (X) Delete
Name: CUMMINGS JR, F G
Address: 414 UNION STREET, STE 1600
City-St-Zip: NASHVILLE, TN 37219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: PLOTNICK, STEPHANIE
Address: 400 INTERSTATE NORTH PARKWAY, SUITE 500
City-St-Zip: ATLANTA, GA 30339 US

Title: D (X) Change () Addition
Name: KRUETTEN, RAINER
Address: ARABELLASTRASSE 14
City-St-Zip: MUNICH, DE 81925 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT ALDRICH

P

01/28/2009

Electronic Signature of Signing Officer or Director

_____ Date