2007-LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000013377 1. Entity Name

1. Entity Name
WOS ENTERPRISES, LLC



FILED Apr 16, 2007 08:00 A Secretary of State

Principal Place of Business

5736 WILLARD NORRIS ROAD MILTON, FL 32570

Mailing Address

P.O. BOX 422 MILTON, FL 32572



DO NOT WRITE IN THIS SPACE

03132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 54-2081341

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SALTER, WILLIAM O 5736 WILLARD NORRIS ROAD MILTON, FL 32570

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	(NOTE. Registered Agent signature required when reinstating)	DATE	

Filing Fee is \$50.00 Due by May 1, 2007

9.	9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALTER, WILLIAM O 5736 WILLARG NORRIS RD MILTON, FL 32570	
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

U00000711316 04/26/07-80001-007 50.00

DO NOT WRITE IN THIS SPACE

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CICKIATUDE

VILLIAM B. SALTER

4-10.07 994-4611