2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Aug 27, 2007 8:00 am Secretary of State 08-27-2007 90031 029 ***150.00 DOCUMENT # P02000069148 WOOLEY'S BIKE LAND, INC. 10130616 Principal Place of Business Mailing Address 1025 TAMIAMI TRAIL 1025 TAMIAMI TRAIL N. FT. MYERS, FL 33903 N. FT. MYERS, FL 33903 2, Principal Place of Business - No P.O. Box # 3. Mailing Address 4391 COLONIAL BIVD. # 108 Suite, Apt. #, etc. Suite, Apt. #, etc. 05152007 CR2E034 (12/06) City & State City & State 4. EEL Number Applied For 千し tt. Myers 01-0720073 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33966 45P Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOUTHWEST PROFESSIONAL SERVICES OF S. FL I Street Address (P.O. Box Number is Not Acceptable) 13571 MCGREGOR BLVD #22 FORT MYERS, FL 33903 City Zip Code 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 if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. \$5.00 May Be Due by September 14, 2007 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PRES** DRES TITLE WILLAMS DAVID C BIND # 108 ☐ Delete TITLE Change WILLIAMS, DAVID C NAME 1025 TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS FT. MYERS FL. 33966 CITY-ST-ZIP N. FT. MYERS, FL 33903 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 eport 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 trueped 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 attactament with an appears, with all other like empowered.

FILED