## **2008 FOR PROFIT CORPORATION**

## Apr 23, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P07000123337 04-23-2008 90021 023 \*\*\*150.00 1. Entity Name WKH CORPORATION Principal Place of Business Mailing Address 8503 CALADESI ISLAND DR 8503 CALADESI ISLAND DR TEMPLE TERRACE, FL 33637 TEMPLE TERRACE, FL 33637 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 02282008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 26-1412043 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PUNWAN PUNWANI, AMEET A Street Address (P.O. Box Number is Not Acceptable) 1 TAMPA CITY CENTER STE 2505 TAMPA, FL, 33602 A, IESLEY CHAPEL 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 regi SIGNATURE of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing After May 1, 2008 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition Delete TITLE TITLE ☐ Change HILL, WARREN NAME : NAME STREET ADDRESS 8503 CALADESI ISLAND DR STREET ADDRESS TEMPLE TERRACE, FL 33637 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ 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 □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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. (Not rea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

SIGNATURE: