
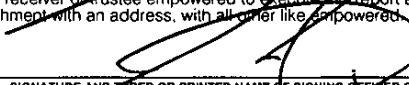


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90215 028 \*\*\*150.00

<b>DOCUMENT # 217838</b>			
1. Entity Name THE WACKENHUT CORPORATION			
Principal Place of Business 4200 WACKENHUT DRIVE SUITE 101 PALM BEACH GARDENS, FL 33410-4243 US		Mailing Address 4200 WACKENHUT DRIVE SUITE 101 PALM BEACH GARDENS, FL 33410-4243 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITILE NAME STREET ADDRESS CITY-ST-ZIP	T CAPPELETTI, JEFFREY 4200 WACKENHUT DRIVE, #100 PALM BEACH GARDENS, FL 334104243 <input type="checkbox"/> Delete	TITILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITILE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDERS, GARY A 4200 WACKENHUT DRIVE, #100 PALM BEACH GARDENS, FL 334104243 <input type="checkbox"/> Delete	TITILE NAME STREET ADDRESS CITY-ST-ZIP	P, D, C, <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITILE NAME STREET ADDRESS CITY-ST-ZIP	VPSD KILBRIDE, ROBERT L 4200 WACKENHUT DRIVE, #100 PALM BEACH GARDENS, FL 334104243 <input type="checkbox"/> Delete	TITILE NAME STREET ADDRESS CITY-ST-ZIP	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITILE NAME STREET ADDRESS CITY-ST-ZIP	VPD GREEN, IAN A 4200 WACKENHUT DR #100 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITILE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, DREW 4200 WACKENHUT DR #100 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITILE NAME STREET ADDRESS CITY-ST-ZIP	VP, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITILE NAME STREET ADDRESS CITY-ST-ZIP	D LEON, WYNNE 4200 WACKENHUT DR #100 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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: 		IAN GREEN 4/20/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	