

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000038100

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: WHOLESALE MARKETING ALLIANCE, INC.

## Current Principal Place of Business:

8125 N.W. 54TH ST.  
MIAMI, FL 33166

## New Principal Place of Business:

## Current Mailing Address:

12835 E. ARAPAHOE RD.  
ST. T2-500  
CENTENNIAL, CO 80112

## New Mailing Address:

FEI Number: 65-0432333      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAROCAS, MARK J  
8125 N.W. 54TH STREET  
MIAMI, FL 33166 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: HARRIS, DAVID  
Address: 6895 W. FRYE ROAD  
City-St-Zip: CHANDLER, AZ 85226

Title: V ( ) Delete  
Name: DEVRIES, GREGG  
Address: NORTH 118 LEE ST  
City-St-Zip: SPOKANE, WA 99202

Title: S ( ) Delete  
Name: GOLDNER, ALAN  
Address: 270 MARKET STREET  
City-St-Zip: SADDLE BROOK, NJ 07663

Title: T ( ) Delete  
Name: MELUGIN, PATRICK  
Address: 2955 ANODE LANE  
City-St-Zip: DALLAS, TX 75220

Title: ED ( ) Delete  
Name: ARNETT, WAYNE  
Address: 12835 E. ARAPAHOE RD., ST. T2-500  
City-St-Zip: CENTENNIAL, CO 80112

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: WAYNE D. ARNETT

ED

01/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date