

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000100851

FILED
Apr 28, 2009
Secretary of State

Entity Name: WAW CONSULTING GROUP, INC.

Current Principal Place of Business:

976 FOSTORIA DRIVE
MELBOURNE, FL 32940 US

New Principal Place of Business:

Current Mailing Address:

1347 RICHWOOD CIRCLE
ROCKLEDGE, FL 32955 US

New Mailing Address:

976 FOSTORIA DR.
MELBOURNE, FL 32940 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., STE. 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

WALLACE, WILLIAM A PRES.
976 FOSTORIA DR.
MELBOURNE, FL 32940 US

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: WILLIAM A. WALLACE

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALLACE, WILLIAM A
Address: 976 FOSTORIA DR
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: WALLACE, WILLIAM A
Address: 976 FOSTORIA DR
City-St-Zip: MELBOURNE, FL 32940

Title: V () Delete
Name: WALLACE, SARA E
Address: 976 FOSTORIA DR
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: WALLACE, SARA E
Address: 976 FOSTORIA DR
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WALLACE, WILLIAM A
Address: 976 FOSTORIA DR
City-St-Zip: MELBOURNE, FL 32940

Title: D (X) Change () Addition
Name: WALLACE, WILLIAM A
Address: 976 FOSTORIA DR
City-St-Zip: MELBOURNE, FL 32940

Title: V (X) Change () Addition
Name: WALLACE, SARA E
Address: 976 FOSTORIA DR
City-St-Zip: MELBOURNE, FL 32940

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: WILLIAM A. WALLACE

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date