

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 27, 2012
Secretary of State

DOCUMENT# N03000006425

Entity Name: WHERE 2 GO OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**419 BAYVIEW DR. NE
SAINT PETERSBURG, FL 33704**New Principal Place of Business:****Current Mailing Address:**419 BAYVIEW DR. NE
SAINT PETERSBURG, FL 33704**New Mailing Address:****FEI Number:** 20-0365343**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DELLA VALLE, MICHAEL
419 BAYVIEW DR. NE
SAINT PETERSBURG, FL 33704 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

OFFICERS AND DIRECTORS:

Title: CEO
Name: DELLA VALLE, MICHAEL
Address: 419 BAYVIEW DR. NE
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: SEC
Name: NOE, MARY
Address: 321 PENNSYLVANIA AVE
City-St-Zip: PALM HARBOR, FL 34683

Title: ACCT
Name: RICHARD, COMMONS
Address: 901 N. HERCULES AVE.
City-St-Zip: CLEARWATER, FL 33765

Title: DIR
Name: FASANO, FRANK
Address: 1267 DREW ST, Â Â Â
City-St-Zip: CLEARWATER, FL 33755

Title: LSN
Name: EDWARDS, FRANKLIN
Address: 214 31ST, AVE.
City-St-Zip: SAINT PETERSBURG, FL 33704

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL DELLA VALLE

CEO

08/27/2012

Electronic Signature of Signing Officer or Director

Date