2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 343659

Entity Name: WAKELY AND ASSOCIATES INC.

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
8545 126TH AVE. NORTH SUITE 200 LARGO, FL 337731502				8545 126TH AVE. NORTH SUITE 200 LARGO, FL 337731503			
Current Mailing Address:				New Mailing Address:			
8545 126TH AVE. NORTH SUITE 200 LARGO, FL 337731502			8545 126TH AVE. NORTH SUITE 200 LARGO, FL 337731503				
FEI Number: 59-1235891 FEI Number Applied For () FEI Num			mber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent: Name					Address of	New Registered Agent:	
GOLD, AARON J 202 S ROME AVE #100 TAMPA, FL 33606 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:							
Electronic Signature of Registered Agent				Date			
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	CD () E YANCEY, DELOS ONE STATE MUT ROME, GA 3016	UAL DR.		Title: Name: Address: City-St-Zip:	CD (XANCEY, DEI ONE STATE N ROME, GA 30	/IUTUAL DR.	
Title: Name: Address: City-St-Zip:	SAMPLES, WALT	NUE N. ,SUITE 200		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () E POSTOVE, MARK 8545 126TH AVE LARGO, FL 3377	.,N., SUITE 200		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () E GORDON, RICK & 8545 126TH AVE LARGO, FL 3377	A .,N., SUITE 200		Title: Name: Address: City-St-Zip:	GORDON, RIC	AVE.,N., SUITE 201	
Title: Name: Address: City-St-Zip:	D ()E MORROW, ROBE ONE STATE MUT ROME, GA 3016	UAL DR.		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D () E PRICE, DOUGLA 1550 RIDGE TOF	PDRIVE		Title: Name: Address:	() Change () Addition	

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: WALTER R. SAMPLES PS 03/19/2009