## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 429177**

Title:

Name:

Address: City-St-Zip:

FILED Jun 29, 2005 Secretary of State

Entity Name: WISE VENTURES, INC, **Current Principal Place of Business: New Principal Place of Business:** 5809 BEGGS RD ORLANDO, FL 32810 **Current Mailing Address: New Mailing Address:** 5809 BEGGS RD ORLANDO, FL 32810 FEI Number: 59-1469536 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WISE, CHRISTOPHER R. 5809 BEGGS ROAD ORLANDO, FL 32810 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: (X) Delete Title: () Change () Addition WISE, CHRISTOPHER R Name: Name: 3709 BOBOLINK LANE Address: Address: City-St-Zip: ORLANDO, FL 32810 City-St-Zip: Title: Title: () Delete () Change () Addition WISE, CHRISTOPHER Name: Name: 113 W. 15TH ST. Address: Address: SANFORD, FL 32771 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition WISE, MARK A Name: Name: 5817 BEGGS RD. #9 Address: Address: City-St-Zip: ORLANDO, FL 32810 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition WISE, JOSEPH Name: Name: Address: 5817 BEGGS RD. #9 Address: City-St-Zip: ORLANDO, FL 32810 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: CHRISTOPHER WISE 06/29/2005

( ) Delete

WISE, MATTHEW

5817 BEGGS RD. #9

ORLANDO, FL 32810

() Change () Addition