2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 822757

1. Entity Name
WALBRO INVESTMENT LIMITED

40047759

Principal Place of Business	Mailing Address
8551 VIA RAPALLO	8551 VIA RAPALLO
ESTERO, FL 33928 US	ESTERO, FL 33928 US

03082007   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-7275262	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE, JAMES P
8551 VIA RAPALLO
ESTERO, FL 33928

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	WALLACE, JAMES P
STREET ADDRESS	8551 VIA RAPALLO
CITY-ST-ZIP	ESTERO, FL 33928
TITLE	D
NAME	ONEIL, BRIAN
STREET ADDRESS	200 LANSDOWNE AVE, #561
CITY-ST-ZIP	WESTMOUNT, QU
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Ed DWIER_____ 3-8-07 239-948-2929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #