2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#836926

Title:

Name:

Address:

City-St-Zip:

FILED Apr 28, 2008 Secretary of State

	ie. WOBIL C	ORPORATION			
Current Principal Place of Business:			New Principal Place of Business:		
5959 LAS C IRVING, TX	OLINAS BLV 75039 US				
Current Mailing Address:			New Mailing Address:		
800 BELL STREET CORP-EMB-2441 HOUSTON, TX 77002 US		5959 LAS COLINAS BLVD IRVING, TX 75039 US			
FEI Number:	13-2859050	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
1201 HAYS SUITE 105		ORPORATION SYSTEM INC.			
The above in the State		submits this statement for the pu	urpose of changing its registere	d office or registered agent, or both,	
SIGNATUR					
		ic Signature of Registered Ager	nt	Date	
Election Cam	paign Financin	Truct Fund Contribution / \			
OFFICERS AND DIRECTORS:					
OFFICERS	AND DIREC	g Trust Fund Contribution(). TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
OFFICERS Title: Name: Address: City-St-Zip:		TORS: Delete IT D JR NAS BLVD	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTORS: () Change () Addition	
Title: Name: Address:	PD () RIPPE, ROBER 5959 LAS COL IRVING, TX 75	TORS: Delete IT D JR NAS BLVD 039 Delete F NAS BLVD	Title: Name: Address:		
Title: Name: Address: City-St-Zip: Title: Name: Address:	PD () RIPPE, ROBER 5959 LAS COL IRVING, TX 75 VPD () LEMONS, TOM 5959 LAS COL IRVING, TX 75	TORS: Delete IT D JR NAS BLVD 039 Delete F NAS BLVD 039 US Delete CE M NAS BLVD	Title: Name: Address: City-St-Zip: 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.

Title:

Name:

Address:

City-St-Zip:

AS

JENKINS, NATE H

5959 LAS COLINAS BLVD

IRVING, TX 75039 US

(X) Change () Addition

SIGNATURE: NATE H. JENKINS AS 04/28/2008

() Delete

LIGHTFIELD, LARRY D

HOUSTON, TX 77002 US

800 BELL STREET