

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 843113

1. Entity Name
WNC & ASSOCIATES, INC.



Principal Place of Business
**17782 SKY PARK CIRCLE
IRVINE, CA 92614-6404**

Mailing Address
**17782 SKY PARK CIRCLE
IRVINE, CA 92614-6404**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-2750891	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COHEN, GARY J
201 SOUTH BISCAYNE BLVD
#1500
MIAMI, FL 33131**

**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 reappointing)

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 NAME STREET ADDRESS CITY-ST-ZIP	P COOPER, WILFRED JR 17782 SKY PARK CIRCLE IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV SHAHER, DAVID N 17782 SKY PARK CIRCLE IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COOPER, WILFRED SR 17782 SKY PARK CIRCLE IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COOPER, KAY 546 S. BAYFRONT BALBOA ISLAND, CA 92662
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/24/07-80077-012 158.75

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____