## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State 06-15-2007 90022 046 \*\*\*150.00 DOCUMENT # F03000006225 1. Entity Name W G C MUNIFINANCIAL, INC. 40120000 Principal Place of Business Mailing Address 27368 VIA INDUSTRIA 2401 E. KATELLA AVE 110 300 TEMECULA, CA 92590 ANAHEIM, CA 92806 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05252007 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 33-0302345 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD FORT LAUDERDALE, FL 33324 Zip Code FL 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Added to Fees Trust Fund Contribution. corporation did not receive the prior notice. Due by September 14, 2007 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE **Addition** Change ANTHONY GONSALVES WESTFALL, WIN NAME NAME 925 L St., SUITE 250 STREET ADDRESS 2401 E. KATELLA AVENUE, SUITE 300 STREET ADDRESS CITY-ST-ZIP ANAHEIM, CA 92806 CITY-ST-ZIP ACRAMENTO CA 95814 ☐ Change X Addition TITLE Delete. TITI F JOHN STEPHENS NAME KNIPE, JOHN NAME Suite 200 901 CALLE AMANECER, STREET ADDRESS 374 POLI STREET, SUITE 101 STREET ADDRESS 92673 SAN CLEMENTE CA CHY-ST-7/P VENTURA, CA 93001 CITY - ST- ZIP DILE Delete TITLE Addition SAM OLIVITO TRIPEPI, FRANK NAME NAME SUITE 100 27368 VIA INDUSTRIA, SUITE 110 10535 PARAMOUNT BLYD. STREET ADDRESS STREET ADDRESS CITY - ST-ZIP TEMECULA, CA 92590 CITY-ST-ZIP ☐ Delete TITLE DV TITLE Change ■ Addition NAME WHITELAW, PAUL NAME 27368 VIA INDUSTRIA, SUITE 110 STREET ADDRESS STREET ADORESS CITY-ST-ZIP TEMECULA, CA 92590 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change PAGETT, BILL NAME NAME 13191 CROSSROADS PKWY NORTH, SUITE 405 STREET ADDRESS STREET ADDRESS CITY-ST-78P INDUSTRY, CA 91746 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE HESLOP, ALAN DR. NAME NAME PO BOX 730 STREET ADDRESS STREET ADDRESS

FILED Jun 15, 2007 8:00 am

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.

CITY-ST-ZIP

CITY-ST-ZIF

TEMPLETON, CA 93465

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR