## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000002577

Name:

Address:

City-St-Zip:

20412 FOXWOOD TERR

GERMANTOWN, MD 20876

Apr 27, 2006 Secretary of State

Entity Name: WISEOP INC **Current Principal Place of Business: New Principal Place of Business:** 7451 LIVERPOOL CT BOYNTON BEACH, FL 33437 **Current Mailing Address: New Mailing Address:** 7451 LIVERPOOL CT BOYNTON BEACH, FL 33437 FEI Number: 52-2111692 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: RICHARD, GUYLAINE L 7451 LIVERPOOL CT BOYNTON BEACH, FL 33437 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RICHARD, GUYLAINE L Name: Name: Address: 7451 LIVERPOOL CT Address: City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: Title: VC () Delete Title: () Change () Addition EDMOND-PIERRE, YANICK Name: Name: Address: 7520 EPSILON DR Address: City-St-Zip: ROCKVILLE, MD 20855 City-St-Zip: Title: () Delete Title: () Change () Addition NICOLAS, WORDY Name: Name: 10448 GALLERIA ST Address: Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition STAGNOLI, REYNA E STAGNOLI, REYNA E

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

12052 SUFFOLK TERRACE

GAITHERSBURG, MD 20878

SIGNATURE: GUYLAINE L. RICHARD С 04/27/2006