

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004445

FILED
Jan 05, 2007
Secretary of State

Entity Name: WCA FAMILY OF LOGISTICE NETWORKS, LTD. INCORPORATED

Current Principal Place of Business:

1725 MAIN STREET #207
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1725 MAIN STREET #207
WESTON, FL 33326

New Mailing Address:

FEI Number: 98-0446514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAIROWITZ, MARK
1725 MAIN STREET #207
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPT () Delete
Name: YOKEUM, DAVID L
Address: 152 NORTH SATHORN ROAD, CHARTERED SQUARE B
City-St-Zip: BANGKOK 10500 THAILAND,

Title: VP () Delete
Name: MAIROWITZ, MARK
Address: 1725 MAIN STREET #207
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK MAIROWITZ

VP

01/05/2007

Electronic Signature of Signing Officer or Director

Date