

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001047

FILED
Jul 12, 2007
Secretary of State

Entity Name: WOUNDED WARRIORS, INC.

Current Principal Place of Business:

1719 NORTH 60TH STREET
OMAHA, NE 68104

New Principal Place of Business:

Current Mailing Address:

FIRST NATIONAL CENTER
1620 DODGE ST., SUITE 1800
OMAHA, NE 681021505

New Mailing Address:

FEI Number: 20-1407520 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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:

Title: PSTC () Delete
Name: FOLSOM, JOHN D II
Address: 1716 NORTH 60TH STREET
City-St-Zip: OMAHA, NE 68104

Title: D () Delete
Name: BRADFORD, D C
Address: FIRST NAT. CNTR., 1620 DODGE ST., STE 1800
City-St-Zip: OMAHA, NE 681021505

Title: D () Delete
Name: DOUGHERTY, RYAN J
Address: FIRST NAT. CNTR., 1620 DODGE ST., STE 1800
City-St-Zip: OMAHA, NE 681021505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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.

SIGNATURE: JOHN D. FOLSOM

PRES

07/12/2007

Electronic Signature of Signing Officer or Director

Date