

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005240

FILED
Feb 11, 2009
Secretary of State

Entity Name: WIFAG MASCHINENFABRIK LTD INC.

Current Principal Place of Business:

WYLERRINGSTRASSE 39
3014 BERN, SWITZERLAND,

New Principal Place of Business:

WYLERRINGSTRASSE 39
BERN, SWITZERLAND, XX 3014 CH

Current Mailing Address:

WYLERRINGSTRASSE 39, P.O. BOX 8865
3001 BERN, SWITZERLAND,

New Mailing Address:

WYLERRINGSTRASSE 39, P.O. BOX 8865
BERN, SWITZERLAND, XX 3001 CH

FEI Number: 98-0604001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIDER, CRAIG D ESQ.
4001 TAMiami TRAIL NORTH, SUITE 300
NAPLES, FL 34103 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: PD () Delete
Name: BOEGLIN, PETER
Address: WYLERRINGSSTRASSE 39, P. O. BOX 8865
City-St-Zip: 3001 BERN, SWITZERLAND,

Title: C () Delete
Name: STEIN, GOTZ
Address: WYLERRINGSTRASSE 39, P. O. BOX 8865
City-St-Zip: 3014 BERN, SWITZERLAND,

Title: S () Delete
Name: LEHMANN, HEINER
Address: WYLERRINGSTRASSE 39, P. O. BOX 8865
City-St-Zip: 3014 BERN, SWITZERLAND,

Title: T () Delete
Name: FLEISSNER, MICHAEL
Address: WYLERRINGSTRASSE 39, P. O. BOX 8865
City-St-Zip: 3014 BERN, SWITZERLAND,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOEGLIN, PETER
Address: WYLERRINGSSTRASSE 39, P. O. BOX 8865
City-St-Zip: 3001 BERN, SWITZERLAND, XX 3001 CH

Title: C (X) Change () Addition
Name: STEIN, GOTZ
Address: WYLERRINGSTRASSE 39, P. O. BOX 8865
City-St-Zip: 3014 BERN, SWITZERLAND, XX 3014 CH

Title: S (X) Change () Addition
Name: LEHMANN, HEINER
Address: WYLERRINGSTRASSE 39, P. O. BOX 8865
City-St-Zip: 3014 BERN, SWITZERLAND, XX 3014 CH

Title: T (X) Change () Addition
Name: FLEISSNER, MICHAEL
Address: WYLERRINGSTRASSE 39, P. O. BOX 8865
City-St-Zip: 3014 BERN, SWITZERLAND, XX 3014 CH

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

SIGNATURE: MICHAEL FLEISSNER

T

02/11/2009

Electronic Signature of Signing Officer or Director

Date