

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F70529

**FILED**  
**Mar 15, 2007**  
**Secretary of State**

**Entity Name:** WAHLSTROM ASSOCIATES, INC.

**Current Principal Place of Business:**

% ANGELA ALY WAHLSTROM  
145 MADEIRA AVE #209  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

% ANGELA ALY WAHLSTROM  
145 MADEIRA AVE #209  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

%ANGELA ALY WAHLSTROM  
145 MADEIRA AVE #209  
CORAL GABLES, FL 33134

**New Mailing Address:**

%ANGELA ALY WAHLSTROM  
145 MADEIRA AVE #209  
CORAL GABLES, FL 33134 US

**FEI Number:** 59-2163138

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WAHLSTROM, ANGELA ALY  
145 MADEIRA AVENUE STE 209  
CORAL GABLES, FL 33134 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: VS ( ) Delete  
Name: WAHLSTROM, KIM P,  
Address: 145 MADEIRA AVE.  
City-St-Zip: CORAL GABLES, FL

Title: DP ( ) Delete  
Name: WAHLSTROM, ANGELA AL, Y  
Address: 145 MADEIRA AVE.  
City-St-Zip: CORAL GABLES, FL

**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: ANGELA A. WAHLSTROM

PRES

03/15/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date