2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000001898

1. Entity Name

WEMBLEY PARK CORPORATION



Principal Place of Business

6001 MONTROSE RD

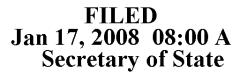
ROCKVILLE, MD 20852

Mailing Address

6001 MONTROSE RD

606

ROCKVILLE, MD 20852





DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANN & WOLF PA, ANDREW MANN 4300 N. UNIVERSITY DRIVE SUITE C-203 SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE

| | | | | | • |
|---|--|--|--------------|--------------------------------|---------------------------|
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution. | | | cing | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WAGNER, K. PETER 5020 COLLINS AVE, #1709 MIAMI BEACH, FL 33140 | | | | U00000787147 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WAGNER, YVONNE 5020 COLLINS AVE, #1709 MIAMI BEACH, FL 33140 | | | | 01/17/08-80066-014 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD WAGNER, ELIZABETH 6001 MONTROSE RD #606 ROCKVILLE, MD 20852 | | DO NOT WRITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | - | | , , | IN ' | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | • | • |
| TITLE NAME STREET ADDRESS | | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment wirran address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08 301-770-7744

Daytime Phone