

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 14, 2008
Secretary of State**

DOCUMENT# F98000003518

Entity Name: WMF OF AMERICA, INC.

Current Principal Place of Business:

85 PRICE PARKWAY
FARMINGDALE, NY 11735

New Principal Place of Business:

Current Mailing Address:

85 PRICE PARKWAY
FARMINGDALE, NY 11735

New Mailing Address:

FEI Number: 13-1914464 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LLOPIZ, ONIER ESQ.
1201 BRICKELL AVE.
FIFTH FLOOR
MIAMI, FL 33131 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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: NISI, STEFAN
Address: 85 PRICE PARKWAY
City-St-Zip: FARMINGDALE, NY 11735

Title: VP (X) Delete
Name: BRALEY, PETER
Address: 85 PRICE PARKWAY
City-St-Zip: FARMINGDALE, NY 11735

Title: DIRE () Delete
Name: KLAPPROTH, THORSTEN
Address: 85 PRICE PARKWAY
City-St-Zip: FARMINGDALE, NY 11735

Title: DIRE () Delete
Name: FLOHR, BERNARD DR
Address: 85 PRICE PARKWAY
City-St-Zip: FARMINGDALE, NY 11735

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GLUECK, MARKUS
Address: 1881 SR 84, SUITE 101
City-St-Zip: FT. LAUDERDALE, FL 33315 US

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

SIGNATURE: ONIER LLOPIZ

RA

08/14/2008

Electronic Signature of Signing Officer or Director

_____ Date