2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # G35881 Apr 14, 2006 08:00 AN 1. Entity Name **Secretary of State** THE WHEEL ENTERPRISES INC. Principal Place of Business Mailing Address 1951 N.W. 44TH STREET POMPANO BEACH FL 33064 1951 N.W. 44TH STREET POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-2310249 Not Applicable Zip Country Ζιp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LACENTRA, CHARLES A Street Address (P.O. Box Number is Not Acceptable) 1951 N.W. 44TH STREET POMPANO BEACH FL 33064 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when roinstabing) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition ☐ Delete THILE TITLE LACENTRA, CHARLES A NAME U00000509633 NAME 04/28/06-80049-020 150.00 STREET ADDRESS STREET ADDRESS 1951 N.W. 44TH STREET CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME LACENTRA, HEATHER A STREET ADDRESS STREET ADDRESS 1951 N.W. 44TH STREET CITY - ST - ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE: CHARNALUSE AND TYPEACE ENTER HAME OF SIGNING OFFICE STORESTOR

if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-TIP

04/11/2006

(954)973-4331

FILED