2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State
04-23-2007 90089 024 ***150.00

DOCUMENT # G42895

1. Entity Name
WHEELED COACH INDUSTRIES, INC.

40076153

Principal Place of Business	Mailing Address
2737 N FORSYTH RD WINTER PARK, FL 32792 US	2737 N FORYSTH RD WINETER PARK, FL 32792 US

01112007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2309315 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COLLINS, DON L
157 E. NEW ENGLAND AVE., SUITE 364
WINTER PARK, FL 32789-7007

7. Name and Address of New Registered Agent

Name ROBERT COLLINS
Street Address (P.O. Box Number is Not Acceptable)
2737 N. FORSYTH RD
City WINTER PARK **FL** Zip Code 32792

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 Robert Collins 4/5/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD COLLINS, DON L. 157 E. NEW ENGLAND AVE., SUITE 364 WINTER PARK, FL 32789	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD KENNETH DABROWSKI 5065 LONE PINE LANE BLOOMFIELD HILLS, MI 48302	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD COLLINS, DONALD LYNN 15 COMPOUND DRIVE HUTCHINSON, KS 67502	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTSD JOHN BECKER 588 SE VISTA DR NEW PORT, OR 97365	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COLLINS, ROBERT J 2737 FORSYTH RD WINTER PARK, FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VF HANS HEINSEN 15 COMPOUND DR. HUTCHINSON, KS 67502	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVFD GLASENER, CLETUS 15 COMPOUND DR HUTCHINSON, KS 67502	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN QUICKE 11 STONEY HOLLOW RD. CHAPPAQUA, NY 10514	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENNETH KERMES 26 E HILL WAY WAKEFIELD, RI 02879	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES HENDERSON 203 E. JEFFERSON ST. FALLS CHURCH, VA 22046	☐ Change ☒ Addition

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 with an address, with all other like empowered.

SIGNATURE: Hans Heinsen 4/11/07 620-663-5551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #