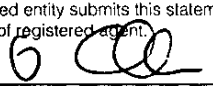
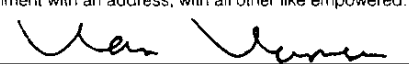


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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.					
Principal Place of Business 2737 N FORSYTH RD WINTER PARK, FL 32792 US			Mailing Address 2737 N FORYSTH RD WINETER PARK, FL 32792 US		
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	
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 reissuing)					
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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/11/07 620-663-5551 Date Daytime Phone #		

40076153



01112007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
Zip Code

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. (NOTE: Registered Agent signature required when reissuing)

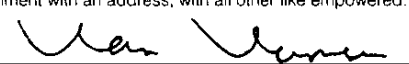
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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
VTD COLLINS, DONALD LYNN 15 COMPOUND DRIVE HUTCHINSON, KS 67502 ☒ Delete	CD KENNETH DABROWSKI 5065 LONE PINE LANE BLOOMFIELD HILLS, MI 48302 ☐ Change ☒ Addition
P COLLINS, ROBERT J 2737 FORSYTH RD WINTER PARK, FL 32792 ☐ Delete	VTSD JOHN BECKER 588 SE VISTA DR NEW PORT, OR 97365 ☐ Change ☒ Addition
SVFD GLASENER, CLETUS 15 COMPOUND DR HUTCHINSON, KS 67502 ☒ Delete	VF HANS HEINSEN 15 COMPOUND DR. HUTCHINSON, KS 67502 ☐ Change ☒ Addition
☐ Delete	D JOHN QUICKE 11 STONEY HOLLOW RD. CHAPPAQUA, NY 10514 ☐ Change ☒ Addition
☐ Delete	D KENNETH KERMES 26 E HILL WAY WAKEFIELD, RI 02879 ☐ Change ☒ Addition
☐ Delete	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 #