


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # H19630 1. Entity Name WKLG, INC.	
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Principal Place of Business 99334 OVERSHIGHWAY KEY LARGO, FL 33037 US	Mailing Address 513 SOUTHARD ST. KEY WEST, FL 33040
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01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2752345	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

FREEMAN, DAVID W., SR.
513 SOUTHARD ST.
KEY WEST, FL 33040

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

DATE
01/09/07-80060-016.158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP FREEMAN, DAVID W., SR. 513 SOUTHARD ST. KEY WEST, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS FREEMAN, ELIZABETH CORBI 513 SOUTHARD STREET KEY WEST, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT FREEMAN, ELIZABETH M. 513 SOUTHARD STREET KEY WEST, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DOUGLAS D LA RUE 513 SOUTHARD STREET KEY WEST, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-3-07

305 294 2542