## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H25859

Address:

City-St-Zip:

1611 SILK TREE CIR

SANFORD, FL 32773

Entity Name: WAGER COMPANY OF FLORIDA, INC.

FILED Apr 23, 2007 Secretary of State

Current P	Principal Place	of Business:	New Prince	New Principal Place of Business:		
720-B INDUSTRY ROAD P.O. BOX 520296 LONGWOOD, FL 327527296			720-B INDUSTRY ROAD LONGWOOD, FL 32750			
Current Mailing Address:			New Maili	New Mailing Address:		
720-B INDUSTRY ROAD P.O. BOX 520296 LONGWOOD, FL 327527296			P.O. BOX 520296 LONGWOOD, FL 327520296			
FEI Number: 59-2457244 FEI Number Applied For ( )			FEI Number Not App	El Number Not Applicable ( ) Certificate of Status Desired ( )		
Name and	d Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
The above	WING DRIVE RY, FL 32746	US submits this statement for the p	urpose of changing i	ts registered o	office or registered agent, or both	
SIGNATU	RE:					
	Electron	ic Signature of Registered Age	ent		Date	
Election Ca	mpaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	PDT () WAGER, KENT 732 RED WING LAKE MARY, FL	DRIVE	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	
Title: Name: Address: City-St-Zip:	DS () WAGER, MARIL 732 RED WING LAKE MARY, FL	DRIVE	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () DEMRO, PHILIF 1503 GRANVILL ORLANDO, FL	E LANE	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	
Title: Name: Address: City-St-Zip:	HILL, RUSSELL 125 VALENCIA		Title: Name: Address: City-St-Zip:	HILL, RUSSELI 125 VALENCIA		
Title: Name:	D () KOWALEKI, KIN	Delete //BERLY R	Title: Name:	D (X KOWALSKI, KI	) Change ()Addition MBERLY R	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

1611 SILK TREE CIR SANFORD, FL 32773

SIGNATURE: RUSSELL HILL VD 04/23/2007