

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H34563

Entity Name: WAMARAN INC.

FILED
Apr 08, 2008
Secretary of State

Current Principal Place of Business:

707 MOUND AVE.
P.O. BOX 492406
LEESBURG, FL 34748

New Principal Place of Business:

707 MOUND AVE.
LEESBURG, FL 34748

Current Mailing Address:

707 MOUND AVE.
P.O. BOX 492406
LEESBURG, FL 34748

New Mailing Address:

707 MOUND AVE.
LEESBURG, FL 34748

FEI Number: 59-2659017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, ALUN
707 MOUND AVE
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDTS () Delete
Name: JONES, ALUN
Address: 707 MOUND AVE.
City-St-Zip: LEESBURG, FL 34748

Title: V () Delete
Name: JONES, WAYNE
Address: 629 HAMMERSHYTH CRT
City-St-Zip: HARLEYSVILLE, PA 19438

Title: V (X) Delete
Name: JONES, MARK
Address: 707 MOUND AVE
City-St-Zip: LEESBURG, FL 34748

Title: V (X) Delete
Name: JONES, IAN
Address: 7205 ALUINA WAY
City-St-Zip: ORLANDO, FL 32827

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: JONES, NANCY
Address: 707 MOUND AVE
City-St-Zip: LEESBURG, FL 34748

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: ALUN M. JONES

PRES

04/08/2008

Electronic Signature of Signing Officer or Director

Date