


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 AUG 16 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # H90245</b> 1. Entity Name <b>W.W. RESOURCES, INC.</b>					
Principal Place of Business <b>10038 WILDERNESS CREEK RUN LITHIA, FL 33547</b>			Mailing Address <b>10038 WILDERNESS CREEK RUN LITHIA, FL 33547-2871</b>		
2. Principal Place of Business - No P.O. Box # <b>12909 56th St. North</b>		3. Mailing Address <b>P.O. Box 1269</b>			
Suite, Apt. #, etc. <b>Suite 201</b>		Suite, Apt. #, etc. 			
City & State <b>Tampa, FL</b>		City & State <b>Brandon, FL</b>			
Zip <b>33617</b>		Country <b>USA</b>		Zip <b>33509</b>	
Country <b>USA</b>		Country <b>USA</b>			
4. FEI Number <b>59-2605608</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>WILKS, WINTON G., III 10038 WILDERNESS CREEK RUN LITHIA, FL 33547-2871</b>			7. Name and Address of New Registered Agent Name <b>Judith S. Lambert</b> Street Address (P.O. Box Number is Not Acceptable) <b>669A West Lumsden Road</b> City <b>Brandon</b> FL <b>33511</b>		
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 <u><i>Judith S. Lambert</i></u> DATE <u>8/1/07</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>WILKS, WINTON G., III 10038 WILDERNESS CREEK RUN LITHIA, FL 335472871</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Karen Hamlett</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 1269 Brandon, FL 33509</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST <b>WILKS, LYNN H 10038 WILDERNESS CREEK RUN LITHIA, FL 335472871</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST <b>Lynn H. Wilks</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 1269 Brandon, FL 33509</b> <i>Address only</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 <u><i>Winton G. Wilks</i></u>			Date <u>08/01/07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					