2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # J22804

1. Entity Name

WENDT VIDEO PRODUCTIONS, INC.



Principal Place of Business

17301 SOLIE ROAD ODESSA, FL 33556

) 6 119 Mailing Address

PO BOX 219

ODESSA, FL 33556-0819 US

FILED Feb 05, 2007 08:00 AM Secretary of State



01052007

No Chg-P

CR2E034 (11/05)

FEI Number
 59-2697234

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WENDT, SUSAN 17301 SOLIE RD ODESSA, FL 33556

NAME STREET AODRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

| | | | | THIS SPACE |
|---|---|--------------------------------|--|--|
| | named entity submits this statement for the pions of registered agent. | urpose of changing its registe | ered office or registered agent, or both | h, in the State of Florida. I am familiar with, and accept |
| SIGNATURE. | Signature, typed or printed name of registered agent and title II | applicable. (NOTE Registe | ered Agent signature required when renatating) | DATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution. | | | | |
| 10. | OFFICERS AND DIREC | TORS | and the second s | S. de |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO WENDT, ALAN W 17301 SOLIE ROAD ODESSA, FL 33556 PD WENDT, SUSAN 17301 SOLIE RD ODESSA, FL 33556 D WENDT, SUSAN 17301 SOLIE RD ODESSA, FL 3656 | | | U00000622006 02/13/07-80009-003 150.00 NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | THIS SPACE |

12. I hereby certify that the information supplied with this filling 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.

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07 813-970-5000 Dete Daylime Prone #