

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90013 025 ***150.00

DOCUMENT # J37158 1. Entity Name WYNDHAM INVESTMENT CORP.			
Principal Place of Business 28059 US HWY 19 N STE 302 CLEARWATER, FL 34621 US		Mailing Address 28059 US HWY 19 N STE 302 CLEARWATER, FL 34621 US	
2. Principal Place of Business - No P.O. Box # 36370 U.S. Hwy 19 N. Palm Harbor, FL 34684 USA		3. Mailing Address 36370 U.S. Hwy 19 N. Palm Harbor, FL 34684 USA	
4. FEI Number 59-2727299		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MINIERI, CARL N 28059 US HWY 19 N STE 302 CLEARWATER, FL 33761		7. Name and Address of New Registered Agent 36370 U.S. Hwy 19 N. Palm Harbor, FL 34684	
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-statuting)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	VP	<input checked="" type="checkbox"/> Delete	
NAME	BRASHER, JOHN C.		
STREET ADDRESS	29656 US 19 N S100		
CITY - ST - ZIP	CLEARWATER, FL 33761		
TITLE	P	<input type="checkbox"/> Delete	
NAME	MINIERI, CARL		
STREET ADDRESS	29656 US 19 N S100		
CITY - ST - ZIP	CLEARWATER, FL 33761		
TITLE	VPS	<input type="checkbox"/> Delete	
NAME	MINIERI, CARL N.		
STREET ADDRESS	29656 US 19 N S100		
CITY - ST - ZIP	CLEARWATER, FL 33761		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	36370 U.S. Hwy 19 N.		
STREET ADDRESS	Palm Harbor, FL 34684		
CITY - ST - ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Minieri, Carl N.		
STREET ADDRESS	36370 U.S. Hwy 19 N.		
CITY - ST - ZIP	Palm Harbor, FL 34684		
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Malave, Marianne		
STREET ADDRESS	36370 U.S. Hwy 19 N.		
CITY - ST - ZIP	Palm Harbor, FL 34684		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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: Pres 4/28/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
		Date	Daytime Phone #

60043126



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