


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

<b>DOCUMENT # J47292</b> 1. Entity Name <b>WASP INVESTMENTS, INC.</b>	
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Principal Place of Business <b>8229 SHADE TREE CT. JACKSONVILLE FL 32256-7107</b>	Mailing Address <b>8229 SHADE TREE CT. JACKSONVILLE FL 32256-7107</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number <b>59-2756907</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>HECHAVARRIA, LUIS DE 8229 SHADE TREE CT. JACKSONVILLE FL 32256</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	DP HECHAVARRIA, LUIS DE <input type="checkbox"/> Delete 8229 SHADE TREE CT JACKSONVILLE FL 32256
TITLE	D HECHAVARRIA, JOAN N. DE <input type="checkbox"/> Delete 8229 SHADE TREE CT JACKSONVILLE FL 32256
TITLE	D HECHAVARRIA, LUIS DE JR. <input type="checkbox"/> Delete 8087 SUMMIT RIDGE LANE JACKSONVILLE FL
TITLE	D HECHAVARRIA, ANNE DE <input type="checkbox"/> Delete 12691 SW 45TH ST RD OCALA FL 34481
TITLE	D HECHAVARRIA, SUSAN DE <input type="checkbox"/> Delete 86 CENTRE ST DOVER MA 02030
TITLE	D HECHAVARRIA, PAUL DE <input type="checkbox"/> Delete 12305 SW 38TH ST OCALA FL 34481

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000623169 02/13/07-80055-011 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<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 Section 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: Luis De Hechavarría 2/2/07 904 641-8083  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #