

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J47292

FILED
Jan 14, 2009
Secretary of State

Entity Name: WASP INVESTMENTS, INC.

Current Principal Place of Business:

8229 SHADE TREE CT.
JACKSONVILLE, FL 322567107

New Principal Place of Business:

8229 SHADE TREE CT.
JACKSONVILLE, FL 322567107 US

Current Mailing Address:

8229 SHADE TREE CT.
JACKSONVILLE, FL 322567107

New Mailing Address:

8229 SHADE TREE CT.
JACKSONVILLE, FL 322567107 US

FEI Number: 59-2756907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HECHAVARRIA, LUIS DE
8229 SHADE TREE CT.
JACKSONVILLE, FL 32256 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: DP () Delete
Name: HECHAVARRIA, LUIS DE,
Address: 8229 SHADE TREE CT
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: HECHAVARRIA, JOAN N., DE
Address: 8229 SHADE TREE CT
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: HECHAVARRIA, LUIS DE, JR.
Address: 8087 SUMMIT RIDGE LANE
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: HECHAVARRIA, ANNE DE,
Address: 12691 SW 45TH ST RD
City-St-Zip: OCALA, FL 34481

Title: D () Delete
Name: HECHAVARRIA, SUSAN D, E
Address: 86 CENTRE ST
City-St-Zip: DOVER, MA 02030

Title: D () Delete
Name: HECHAVARRIA, PAUL DE,
Address: 12305 SW 38TH ST
City-St-Zip: OCALA, FL 34481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: LUIS DE HECHAVARRIA

DP

01/14/2009

Electronic Signature of Signing Officer or Director

Date