## 2007 FOR PROFIT CORPORATION

## Sep 04, 2007 8:00 am Secretary of State **ANNUAL REPORT** 09-04-2007 90040 001 \*\*\*550.00 DOCUMENT # J65647 1. Entity Name WASH & WAX WORLD, INC. Principal Place of Business Mailing Address 40131100 537 NORTH LAKE BLVD. 537 NORTH LAKE BLVD. N PALM BEACH, FL N PALM BEACH, FL 08212007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2809773 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent COPELAND, JOHN K DO NOT WRITE 2307 S.E. MONTEREY ROAD STUART, FL 34996 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. PVST THLE DEITH, DAVID NAME STREET ADDRESS 537 NORTHLAKE BLVD. NORTH PALM BEACH, FL 33408 CITY-ST-ZIP HILE NAME DEITH, DAVID STREET ADDRESS 537 NORTHLAKE BLVD. CITY-ST-ZIP NORTH PALM BEACH, FL 33408 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 ell-other like empowered.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED