ANNUAL REPORT

SIGNATURE:

May 15, 2008 8:00 am Secretary of State 2008 LIMITED LIABILITY COMPANY 05-15-2008 90078 042 ***138.75 DOCUMENT # L02000014936 WF CONSULTING, LLC AAA41988 Mailing Address Principal Place of Business 11380 PROSPERITY FARMS ROAD 11380 PROSPERITY FARMS ROAD **SUITE 215 SUITE 215** PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02292008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FE! Number Applied For 27-0022623 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THIEMANN, DIETER A Street Addre Bruce H. Mattson, P.A. 11380 PROSPERITY FARMS ROAD **SUITE 215** -6400 N. Andrews Ave., Suite 320 PALM BEACH GARDENS, FL 33410 Fort Lauderdale, FL 33309 City Zip Code 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 egistered agen registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITL F ☐ Change ☐ Addition NAME WEIGL HOLDINGS LTD NAME 11380 PROSPERITY FARMS RD., STE 215 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change Addition WEIGH HOLDINGS USA, INC. NAME NAME STREET ADDRESS 11380 PROSPERITY FARMS RD., STE 215 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or manager of the execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Davtime Phone #