2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# L03000003928

Entity Name: WOWPRO, L.C.

Current Principal Place of Business:

17801 MURDOCK CIRCLE
SUITE C
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

17801 MURDOCK CIRCLE
SUITE C
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 56-2313950 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, MICHAEL M
17801 MURDOCK CIRCLE
SUITE A
PORT CHARLOTTE, FL 33948 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WUNDER, JOHN O
Address: 17801 MURDOCK CIRCLE, SUITE C
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: MGRM ( ) Delete
Name: OLMSTED, DAVID E
Address: 17801 MURDOCK CIRCLE, SUITE A
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: MGRM ( ) Delete
Name: WILSON, MICHAEL M
Address: 17801 MURDOCK CIRCLE, SUITE A
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES:

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 for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN O. WUNDER MGRM 04/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date