2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015641

Entity Name: WISE FINANCIAL SERVICES, LLC

FILED
Apr 27, 2005
Secretary of State

NHWY
_ 33626
ng Address:
N HWY _ 33626
icable () Certificate of Status Desired ()
Address of New Registered Agent:
E, JAY A HTHAWK DR - 33625 US
ic .E

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.

SIGNATU	RE: JAY A MCCORKLE	04/27/2005	
	Electronic Signature of Registered Agent		Date
MANAGING MEMBERS/MEMBERS:		ADDITIONS/	CHANGES:
Title:	MGRM () Delete	Title:	MGRM (X) Change() Addition
Name:	TURNER, EARNEST	Name:	EARNEST, TURNER
Address:	5389 EHRLICH RD	Address:	8381 GUNN HWY
City-St-Zip:	TAMPA, FL 33624	City-St-Zip:	TAMPA, FL 33626
Title:	MGRM () Delete	Title:	MGRM (X) Change()Addition
Name:	JAY, MCCORKLE	Name:	STEVENS, KIRK
Address:	15105 NOGHTHAWK DR	Address:	8381 GUNN HWY
City-St-Zip:	TAMPA, FL 33625	City-St-Zip:	TAMPA, FL 33626
Title:	() Delete	Title:	MGRM () Change (X) Addition
Name:		Name:	MCCORKLE, JAY
Address:		Address:	8381 GUNN HWY
City-St-Zip:		City-St-Zip:	TAMPA, FL 33626

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:	JAY MCCORKLE	AM	04/27/2005
	Electronic Signature of Signing Managing Member,	Manager, or Authorized Representat	ive / Date