


**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

60000-1

<b>DOCUMENT # L05000020472</b>						<b>Secretary of State</b>	
1. Entity Name WC VENTURES, LLC				04-28-2006 90023 011 ****55.00			
Principal Place of Business 4417 TAMARACK DRIVE SHARPSVILLE, PA 16150				Mailing Address 4417 TAMARACK DRIVE SHARPSVILLE, PA 16150			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				4. FEI Number 20-2471247		Applied For Not Applicable	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR WILSON, EDWARD A 4417 TAMARACK DRIVE SHARPSVILLE, PA 16150				TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR CRICKS, CHARLES T 760 W. COPELAND DRIVE MARCO ISLAND, FL 34145			
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR CRICKS, CHARLES T 760 W. COPELAND DRIVE MARCO ISLAND, FL 34145				TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR CRICKS, CHARLES T 760 W. COPELAND DRIVE MARCO ISLAND, FL 34145			
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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: * Edward Wilson				4/25/06 7249629790			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #			