2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2007
Secretary of State

DOCUMENT# L06000081924

Entity Name: WOLFE VENTURES, LLC

Current Principal Place of Business:

POST OFFICE BOX 701955
ST CLOUD, FL 34770

New Principal Place of Business:

4417 13TH STREET SUITE #124
ST CLOUD, FL 34769

Current Mailing Address:

POST OFFICE BOX 701955
ST CLOUD, FL 34770

New Mailing Address:

4417 13TH STREET SUITE #124
ST CLOUD, FL 34769

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALAZAR, JUAN A
2587 N. OBT
KISSIMMEE, FL 34744 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: MGMR ( ) Delete
Name: GILLIAM, RHONDA
Address: POST OFFICE BOX 701955
City-St-Zip: ST. CLOUD, FL 34770 US

Title: MGMR ( ) Delete
Name: GILLIAM, SHAWN
Address: POST OFFICE BOX 701955
City-St-Zip: ST. CLOUD, FL 34770 US

Title: MGMR ( ) Delete
Name: GILLIAM, ANDREW
Address: POST OFFICE BOX 701955
City-St-Zip: ST. CLOUD, FL 34770 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGMR (X) Change ( ) Addition
Name: GILLIAM, SHERRE
Address: POST OFFICE BOX 701955
City-St-Zip: ST. CLOUD, FL 34770 US

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: SHAWN GILLIAM MGMR 02/10/2007

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