

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124952

Entity Name: WOLF NOVELTIES, LLC

FILED  
Apr 30, 2012  
Secretary of State

## Current Principal Place of Business:

224 WEST CENTRAL PARKWAY  
SUITE 1020  
ALTAMONTE SPRINGS, FL 32714 US

## New Principal Place of Business:

6325 ALL AMERICAN BLVD.  
6325  
ORLANDO, FL 32810 US

## Current Mailing Address:

915 DOYLE ROAD  
SUITE 303 - BOX 107  
DELTONA, FL 32725 US

## New Mailing Address:

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

## Name and Address of Current Registered Agent:

PHELPS, DAVID CHRMAN  
1516 FORT SMITH BLVD  
DELTONA, FL 32725 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  
Name: DYNAMIX PRODUCT DEVELOPMENT & MARKETING GR  
Address: 915 DOYLE ROAD - SUITE 303 - BOX107  
City-St-Zip: DELTONA, FL 32725 US

Title: MGRM  
Name: DRAKE, DOUGLAS PRS/CEO  
Address: 915 DOYLE ROAD - SUITE 303 - BOX 107  
City-St-Zip: DELTONA, FL 32725

Title: MGR  
Name: PHELPS, DAVID CHRMAN  
Address: 915 DOYLE ROAD - SUITE 303 - BOX 107  
City-St-Zip: DELTONA, FL 32725

Title: MGRM  
Name: JONES, MICHAEL & RUTH PARTNER  
Address: 915 DOYLE ROAD - SUITE 303 - BOX107  
City-St-Zip: DELTONA, FL 32725

Title: MGRM  
Name: FORTES, JOEY & JOHN PARTNER  
Address: 915 DOYLE ROAD - SUITE 303 - BOX 107  
City-St-Zip: DELTONA, FL 32725

I hereby 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: DAVID PHELPS

MGR

04/30/2012

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