


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L11892 1. Entity Name WEDGEWOOD ASSOCIATES, INC.	
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Principal Place of Business 370 ANSIN BLVD HALLANDALE, FL 33009 US	Mailing Address 370 ANSIN BLVD HALLANDALE, FL 33009 US
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**DO NOT WRITE IN THIS SPACE**



02152007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0140929	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVID KROHN  
370 ANSIN BLVD  
HALLANDALE, FL 33009

**DO NOT WRITE IN THIS SPACE**

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 David Krohn DATE 2-20-2007  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent Signature required when reconstituting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

000000645253  
 03/02/07-80077-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS KROHN, DANIEL 370 ANSIN BLVD HALLANDALE, FL 33009
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**DO NOT WRITE IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Krohn, PRES. DATE: 2/20/2007 DAYTIME PHONE: 954 439-3900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR