## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L23112

FILED Feb 26, 2007 Secretary of State

Entity Name: WYMAN FINANCIAL SERVICES, INC.

urrent P	rincipal Place	of Business:	New Principal Plac	e of Business:
	COCK ST., N.E	<u>.</u>		
TE 110 ALM BAY	Y, FL 32905			
	lailing Addres	s:	New Mailing Addre	ess:
	COCK ST., N.E		J	
TE 110	COCK 31., N.E Y, FL 32905	<del>.</del> .		
I Number	: 59-2970987	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ame and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
	THOMAS R PR COCK STREET			
	Y, FL 32905 U	S		
	named entity	submits this statement for the r	ourpose of changing its register	red office or registered agent, or botl
	e of Florida.	submits this statement for the p	p	<b>G G</b> ,
	e of Florida.	submits this statement for the p		g
the State	e of Florida.	ic Signature of Registered Ag		Date
the State	e of Florida.  RE: Electron	·		
the State	e of Florida.  RE: Electron	ic Signature of Registered Ago Trust Fund Contribution().	ent	
the State GNATUI ection Car FFICER: le: ume: dress:	e of Florida.  RE: Electron  mpaign Financing  S AND DIREC	ic Signature of Registered Ago 3 Trust Fund Contribution ( ).  TORS:  Delete IAS R PRES.  ( ST NE, #110	ent	Date
the State	e of Florida.  RE: Electron  mpaign Financing  S AND DIREC  PRES ()  WYMAN, THOM 5240 BABCOCI PALM BAY, FL	ic Signature of Registered Agr g Trust Fund Contribution ( ). TORS: Delete IAS R PRES. (ST NE, #110 32907 Delete R V.PRES. (ST. # 110	ent  ADDITIONS/CHANG  Title:  Name:  Address:	Date  GES TO OFFICERS AND DIRECTO
the State GNATUI ection Car FFICER: le: ime: ldress: ty-St-Zip: le: ime: ldress:	e of Florida.  RE:  Electron  mpaign Financing  S AND DIREC  PRES ()  WYMAN, THOM 5240 BABCOCH PALM BAY, FL  V.P. () SHIER, TODD F 5240 BABCOCH PALM BAY, FL	ic Signature of Registered Age  g Trust Fund Contribution ( ).  TORS:  Delete  AS R PRES.  (ST NE, #110 32907  Delete  R V.PRES.  (ST. # 110 32907  Delete  AM B TRES.  (ST. #110	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTO  ( ) Change ( ) Addition

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R. WYMAN PRES 02/26/2007