2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008
Secretary of State

DOCUMENT# L23112

Entity Name: WYMAN FINANCIAL SERVICES, INC.

Current Principal Place of Business:

5240 BABCOCK ST., N.E.
STE 110
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

5240 BABCOCK ST., N.E.
STE 110
PALM BAY, FL 32905

New Mailing Address:

FEI Number: 59-2970987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WYMAN, THOMAS R PRES.
5240 BABCOCK STREET NE
SUITE 110
PALM BAY, FL 32905 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: WYMAN, THOMAS R PRES.
Address: 5240 BABCOCK ST NE, #110
City-St-Zip: PALM BAY, FL 32907

Title: V.P. ( ) Delete
Name: SHIER, TODD R V.PRES.
Address: 5240 BABCOCK ST. # 110
City-St-Zip: PALM BAY, FL 32907

Title: TRES ( ) Delete
Name: WYMAN, WILLIAM B TRES.
Address: 5240 BABCOCK ST. #110
City-St-Zip: PALM BAY, FL 32905

Title: SEC. ( ) Delete
Name: COLLINS, TRACY L SEC.
Address: 5240 BACOCK ST. #110
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: SHIER, TODD R V.PRES.
Address: 5240 BABCOCK ST. # 110
City-St-Zip: PALM BAY, FL 32907

Title: TRES (X) Change ( ) Addition
Name: WYMAN, WILLIAM B TREASUR
Address: 5240 BABCOCK ST. SUITE 110
City-St-Zip: PALM BAY, FL 32905

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

I hereby certify that the information supplied with this filing does not qualify 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 WYMAN PRES 05/14/2008

Electronic Signature of Signing Officer or Director — Date