2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # L31576 1. Entity Name 04-30-2007 90389 036 ***150.00 WILCHAR, INC. Principal Place of Business Mailing Address 710 EAST LAKE DR. 710 EAST LAKE DR. TARPON SPRINGS FL 34688 TARPON SPRINGS FL 34688 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2985677 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARKER-WILLIAM M. Street Address (P.O. Box Number is Not Acceptable) 710 E. LAKE DR. **TARPON SPRINGS FL 34688** City Zip Code 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PVS DIRECTON Charlotta H. PARKER TITLE ☐ Delete Ш Change T-Addition PARKER, WILLIAM M. NAME 710 FAST ADIL DR 710 E. LAKE DR. STREET ADDRESS STREET ADDRESS TORPER Springs 7 34688 TARPON SPRINGS FL 34688 CHY - S1 - 71P CITY ST 7IP THE ☐ Delete TITLE ■ Addition CHARLETTE H. PARKEL NAME NAMÉ STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CHY ST 7IP Detete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY ST- ZIP TITLE Delete THILE ☐ Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE Delete IIILE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY ST ZIP TOTAL ☐ Defete TITLE Change Addition NAME NAM STREET AODRESS STREET ADDRESS CHY-ST-ZIP CITY-SI-7IP fing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or directored to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 12. I hereby certify that the information supplied with this, indicated on this report or supplomental report is true of the corporation or the receiver or trustee empoyed if changed, or on an attachment with an address, with

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727-460.0527