


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90028 032 ***150.00

DOCUMENT # M08957

1. Entity Name
 THE WICKER PLACE, INC.



Principal Place of Business
 2481 N. W. 77TH TERRACE
 MIAMI, FL 33147

Mailing Address
 2481 N. W. 77TH TERRACE
 MIAMI, FL 33147

DO NOT WRITE IN THIS SPACE



03232007 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-2480790 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRYN, BENGT E
 8163 NW 114 AVE
 MIAMI, FL 33178

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	BRYN, BENGT
STREET ADDRESS	8163 NW 114 AVE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	P
NAME	BRYN, BENGT
STREET ADDRESS	8163 NW 114 AVE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	ST
NAME	BRYN, BENGT
STREET ADDRESS	8163 NW 114 AVE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  03-01-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #