2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 08:00 All Secretary of State **DOCUMENT # M68454** 1. Entity Name WET WADERS, INC. Principal Place of Business Mailing Address 246 NE 59TH ST. **246 NE 59 STREET** OCALA, FL 34479 OCALA, FL 34479 US HS 01032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2875401 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EMERY, MARY DO NOT WRITE **246 NE 59 STREET OCALA, FL 34479** 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. DATE Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007, Fee will be \$550.00 10. OFFICERS AND DIRECTORS PVP TITLE NAME EMERY, MARK STREET ADDRESS **246 NE 59 STREET** U00000696389 CITY-ST-7IP OCALA, FL 34479 04/17/07-80099-001 150.00 ST TITLE EMERY, MARY NAME STREET ADDRESS 246 NE 59TH ST. CITY-ST-ZIP OCALA, FL 34479 TITLE MALE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP 网络山口 医圆形的 法法

Mary Enery

4-5-07