2008 FOR PROFIT CORPORATION

ANNUAL REPORT **FILED** Feb 11, 2008 08:00 AN **DOCUMENT # M92920 Secretary of State** 1. Entity Name WHARFMASTER IMPORTS, INC. Principal Place of Business Mailing Address 1381 CLEARLAKE RD 1381 CLEARLAKE RD COCOA, FL 32922 US COCOA FL 32922 US No Chg-P 02072008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2906306 Not Applicable 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EATON, CHARLES W DO NOT WRITE 4245 KNOXVILLE AVE COCOA, FL 32926 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algoriture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **DPTS** TITLE EATON, CHARLES W. NAME STREET ADDRESS **4245 KNOXVILLE AVE** CITY-ST-ZIP COCOA, FL 32926 TITLE 4.000000821730 · · · NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

ATTING AND TOWNS OF DOMESTIC NAME OF RECEIVED OF DESCRIPTION

CHARLES W EATON

2.8.08

321-636-9098

Deytime Phone #