## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000010720

City-St-Zip:

PARRISH, FL 34219

FILED Mar 30, 2005 Secretary of State

Entity Na	me: WHEEL (	OF THE YEAR, INCORPORAT	ED		
Current Principal Place of Business:			New Principal Place of Business:		
	ST AVENUE E , FL 34219				
Current Mailing Address:			New Mailing Address:		
PO BOX 1 PARRISH,	5 , FL 34219				
FEI Number	: 20-2439732	FEI Number Applied For ( )	FEI Number Not Appl	licable ( ) Certificate of Status Desired ( )	
Name and	d Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
8120 1218	JAMES S REV BT AVENUE E , FL 34219	US			
	e named entity : e of Florida.	submits this statement for the p	ourpose of changing i	its registered office or registered agent, or both,	
SIGNATU	RE:				
	Electror	ic Signature of Registered Age	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	D ( ) BROWN, JAME 8120 121ST AV PARRISH, FL :	ENUE E	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) MONTANO, JAI 8120 121ST AV PARRISH, FL :	'ENUE E	Title: Name: Address: City-St-Zip:	O (X) Change () Addition TEKJL, SHERI 1811 8TH STREET WEST PALMETTO, FL 34221	
Title: Name: Address: City-St-Zip:	D ( ) SCHOLL, CONI 8120 121ST AV PARRISH, FL :	ENUE E	Title: Name: Address: City-St-Zip:	O (X) Change ( ) Addition WENDE, CONNIE REV. 1515 7TH AVE W BRADENTON, FL 34205	
Title: Name: Address:	D ( ) KISSELL, NICO 8120 121ST AV		Title: Name: Address:	O (X) Change ( ) Addition KISSELL, NICOLE REV. 8120 121ST AVENUE E	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip: PARRISH, FL 34219

SIGNATURE: REV. JAMES S. BROWN 03/30/2005 D