

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005455

FILED
Jan 03, 2007
Secretary of State

Entity Name: WHEELS OF WONDER, INCORPORATED

Current Principal Place of Business:

12856 SW 28TH STREET
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

12856 SW 28TH STREET
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 45-0541127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT-MULLINGS, ADRIENNE L
12856 SW 28TH STREET
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WRIGHT-MULLINGS, ADRIENNE L
Address: 12856 SW 28TH STREET
City-St-Zip: MIRAMAR, FL 33027

Title: VT () Delete
Name: MULLINGS, ANTHONY
Address: 12856 SW 28TH STREET
City-St-Zip: MIRAMAR, FL 33027

Title: S () Delete
Name: HANDY, YOLANDA
Address: 20210 SW 111TH TERRACE
City-St-Zip: MIAMI, FL 33189

Title: V () Delete
Name: DAVIS, KIMBERLY
Address: 11523 SW 126TH TERRACE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DOZIER, RENEE
Address: P.O. BOX 700496
City-St-Zip: MIAMI, FL 33170

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: ADRIENNE L. WRIGHT-MULLINGS

P

01/03/2007

Electronic Signature of Signing Officer or Director

Date