2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2006
Secretary of State

DOCUMENT# N05000011414

Entity Name: WHEEL AND REEL, INC.

Current Principal Place of Business:

210 CARYL WAY
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

210 CARYL WAY
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

HECHT, HOWARD
1412 EXCALIBUR STREET
HOLIDAY, FL 34690 US

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: HOWARD HECHT 01/08/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: SCHULMAN, SUSAN MBA
Address: 210 CARYL WAY
City-St-Zip: OLDSMAR, FL 34677

Title: V ( ) Delete
Name: HECHT, NATHAN
Address: 210 CARYL WAY
City-St-Zip: OLDSMAR, FL 34677

Title: T ( ) Delete
Name: HECHT, HOWARD
Address: 210 CARYL WAY
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete
Name: WINOKER, DAVID ESQ
Address: 210 CARYL WAY
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete
Name: ALDRIDGE, PAUL
Address: 210 CARYL WAY
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition
Name: HECHT, NATHAN
Address: 6301 N. UNIVERSITY DRIVE UNIT 201
City-St-Zip: TAMARAC, FL 33321

Title: T (X) Change ( ) Addition
Name: SCHULMAN, SUSAN
Address: 210 CARYL WAY
City-St-Zip: OLDSMAR, FL 34677

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

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: SUSAN SCHULMAN PRES 01/08/2006
Electronic Signature of Signing Officer or Director — Date