2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011414

Title:

Name:

Address:

City-St-Zip:

FILED Apr 05, 2007 Secretary of State

Entity Name: WHEEL AND REEL, INC. **Current Principal Place of Business: New Principal Place of Business:** 210 CARYL WAY OLDSMAR, FL 34677 **Current Mailing Address: New Mailing Address:** 210 CARYL WAY OLDSMAR, FL 34677 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HECHT, HOWARD 1412 EXCALIBUR STREET HOLIDAY, FL 34690 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PSD () Change () Addition () Delete SCHULMAN, SUSAN MBA Name: Name: Address: 210 CARYL WAY Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HECHT, NATHAN Name: Address: 6301 N. UNIVERSITY DRIVE UNIT 201 Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: () Change () Addition SCHULMAN, SUSAN Name: Name: 210 CARYL WAY Address: Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WINOKER, DAVID ESQ Name: Address: 210 CARYL WAY Address: City-St-Zip: OLDSMAR, FL 34677 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SUSAN H SCHULMAN PSD 04/05/2007

() Delete

ALDRIDGE, PAUL

210 CARYL WAY

OLDSMAR, FL 34677

() Change () Addition