

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 22, 2008
Secretary of State**

DOCUMENT# N06000011930

Entity Name: WHEAT STREET PRODUCTIONS, INC.

Current Principal Place of Business:

329 LAKE MCCOY DRIVE
APOPKA, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

329 LAKE MCCOY DRIVE
APOPKA, FL 32712 US

New Mailing Address:

FEI Number: 28-5895915 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPMAN, MARTHA A
912 N HIGHLAND AVE
ORLANDO, FL 32803 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: ZABYTKO, IRENE
Address: 329 LAKE MCCOY DRIVE
City-St-Zip: APOPKA, FL 32711 US

Title: VP () Delete
Name: ZABYTKO, MARIA
Address: 329 LAKE MCCOY DRIVE
City-St-Zip: APOPKA, FL 32711 US

Title: S,T () Delete
Name: CHAPMAN, MARTHA A
Address: 912 N HIGHLAND
City-St-Zip: ORLANDO, FL 32803 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: IRENE ZABYTKO

P

03/22/2008

Electronic Signature of Signing Officer or Director

Date