## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P00000006703**

1. Entity Name
WORDS OF WISDOM, INC.



FILED Apr 21, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

4923 S.W. LANDING CREEK DRIVE PALM CITY, FL 34990 4923 S.W. LANDING CREEK DRIVE PALM CITY, FL 34990



DO NOT WRITE IN THIS SPACE

04162008 No Chg-P CR2E034 (11/05)

4. FFI Number Applied For

4. FEI Number 65-0994162

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WISDOM, REBA 4923 S.W. LANDING CREEK DRIVE PALM CITY, FL 34990

## DO NOT WRITE IN THIS SPACE

			<u> </u>			
8. The above the obligat	named entity submits this statement for the pitions of registered agent.	urpose of changing its registere	ad office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title if	f applicable. (NOTE: Registered	d Agent signaturi	e required when reinstating)	DATE	
FiL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	U00000908392 05/06/08-80028-005 158,75	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISDOM, REBA 4923 S.W. LANDING CREEK DRIVE PALM CITY, FL 34990					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE  NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP						
THTLE NAME STREET ADDRESS CITY ST. 71P						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CI.	$\sim$ 1	.1.4	1	46	<b>3</b> E.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-08

777-288-299

Daytime Phone i