2007 FOR PROFIT CORPORATION **ANNUAL REPORT FILED** Apr 30, 2007 08:00 A Secretary of State **DOCUMENT # P00000018735** WINGHOUSE V, INC. Principal Place of Business Mailing Address 7491 ULMERTON ROAD 7491 ULMERTON ROAD LARGO, FL 33771 LARGO, FL 33771 04242007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3629918 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KER, CRAWFORD DO NOT WRITE 7491 ULMERTON ROAD IN THIS SPACE LARGO, FL 33771 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

Trust Fund Contribution

U000000741493 05/15/07-80031-008 150.00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

\$5.00 May Be

Added to Fees

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STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 trusted 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.

SIGNATURE:

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee will be \$550.00

KER, CRAWFORD F

LARGO, FL 33770

214 HARBORVIEW LANE

OFFICERS AND DIRECTORS

10.

TITLE

NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR