## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000054494

Entity Name: WEALTH INSURERS, INC.

FILED Jan 27, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1713 MAHA TALLAHAS	AN DR SSEE, FL 323	08			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1713 MAHA TALLAHAS	AN DR SSEE, FL 323	08			
FEI Number:	59-3647673	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:	
1713 MAH, TALLAHAS The above in the State	named entity e of Florida.		urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF		-i- Ciarratura at Danieta and Aus		D.1.	
Election Can		nic Signature of Registered Age g Trust Fund Contribution ( ).		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( WEIDNER, RIC 1713 MAHAN I TALLAHASSEE	PRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( REED, SUMNE 1713 MAHAN D TALLAHASSEE	PRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( COX, LUTHER 1713 MAHAN D TALLAHASSEE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( APPLEWHITE, 4267 LAFAYET MARIANNA, FL	TE STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( DEEB, FREDR 1713 MAHAN [ TALLAHASSEE	PRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD A. WEIDNER DIR 01/27/2009