


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90154 038 \*\*\*150.00

**DOCUMENT # P0000077253**

1. Entity Name  
**WOLFF PRODUCTIONS & CONSULTING, INC.**



Principal Place of Business      Mailing Address  
**1916 TIMARRON WAY**      **1916 TIMARRON WAY**  
**NAPLES, FL 34109**      **NAPLES, FL 34109**

40066431



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

04052007      Chg-P      CR2E034 (12/06)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-3712313**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WOLFF, RICHARD**  
**916 TIMARRON WAY**  
**NAPLES, FL 34109**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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: Richard Wolff      DATE: 4/15/07

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOLFF, RICHARD 1916 TIMARRON WAY NAPLES, FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOLFF, SOOK J 1916 TIMARRON WAY NAPLES, FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WOLFF, RICHARD 1916 TIMARRON WAY NAPLES, FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Richard Wolff      Date: 4/15/07      Daytime Phone #: 5985366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT 40066437

Division of Corporations

Annual Report

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your mouse over 'BACK' button, make the necessary changes and use the 'CONTINUE' button to save. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed, cancelled or refunded.

Document Number P00000077253
Business Entity Name WOLFF PRODUCTIONS & CONSULTING, INC.
FEI Number 593712313
FEI Number Status
Certificate of Status Desired No
Election Campaign Financing Trust Fund Contribution No

Principal Place of Business

Address 1916 TIMARRON WAY
Suite, Apt. #, etc.
City, State NAPLES, FL
Zip Code & Country 34109

Mailing Address

Address 1916 TIMARRON WAY
Suite, Apt. #, etc.
City, State NAPLES, FL
Zip Code & Country 34109

Name and Address of Registered Agent

Name (Last, First, Middle, Title) WOLFF, RICHARD
Address 916 TIMARRON WAY
Suite, Apt. #, etc.
City, State NAPLES, FL
Zip Code & Country 34109 US
Registered Agent Signature RICHARD WOLFF

Richard Wolff (handwritten signature)

Officer/Director Name and Address

Title P
Name (Last, First, Middle, Title) WOLFF, RICHARD
Street Address 1916 TIMARRON WAY

Division of Corporations

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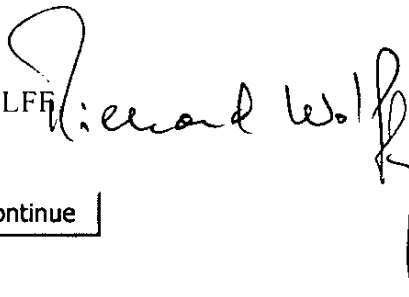
City, State NAPLES, FL  
 Zip Code & Country 34109

Title VP  
 Name (Last, First, Middle, Title) WOLFF, SOOK, J  
 Street Address 1916 TIMARRON WAY  
 City, State NAPLES, FL  
 Zip Code & Country 34109

# 00000077253

Title ST  
 Name (Last, First, Middle, Title) WOLFF, RICHARD  
 Street Address 1916 TIMARRON WAY  
 City, State NAPLES, FL  
 Zip Code & Country 34109

Title P  
 Officer/Director Signature RICHARD WOLFF



Continue

Start Over