2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** May 01, 2008 08:00 AN Secretary of State **DOCUMENT # P00000096388** 1. Entity Name WHEAT ENTERPRISES, INC. Principal Place of Business Mailing Address 7160 WASP ST. 6091 ST. GEORGE ST **BLDG 3044** PACE, FL 32571 MILTON, FL 32570 04292008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3675833 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WHEAT, TIMOTHY D-6091 ST. GEORGE ST DO NOT WRITE PACE, FL 32571 IN THIS SPACE 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution... Added to Fees U000000941489 After May 1, 2008 Fee will be \$550.00 10. -- OFFICERS AND DIRECTORS TITLE NAME WHEAT, TIMOTHY D STREET ADDRESS 6091 ST. GEORGE ST. CITY-ST-ZIP PACE, FL 32571 TITLE WHEAT, TONNA D NAME STREET ADDRESS 6091 ST. GEORGE ST. PACE, FL 32571 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-79 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR