

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000018837

Entity Name: W.R.N. BUILDERS INC.

FILED  
Jan 11, 2008  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 1557  
LOXAHATCHEE, FL 33470

## New Principal Place of Business:

16181 90TH STREET NORTH  
LOXAHATCHEE, FL 33470 PB

## Current Mailing Address:

P.O. BOX 1557  
LOXAHATCHEE, FL 33470

## New Mailing Address:

16181 90TH STREET NORTH  
LOXAHATCHEE, FL 33470 PB

FEI Number: 65-1076080

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.  
941 FOURTH STREET #200  
MIAMI BEACH, FL 33139 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NICKERSON, WILLIAM  
Address: P.O. BOX 1557  
City-St-Zip: LOXAHATCHEE, FL 33470

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: NICKERSON, WILLIAM  
Address: 16181 90TH STREET NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470 PB

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: WILLIAM R. NICKERSON

OWNE

01/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date