


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90364 017 ***158.75

DOCUMENT # P01000027287	
1. Entity Name WADCO INC.	

Principal Place of Business 9020 RANCHO DEL RIO DRIVE SUITE 125 NEW PORT RICHEY, FL 34655	Mailing Address 9020 RANCHO DEL RIO DRIVE SUITE 125 NEW PORT RICHEY, FL 34655
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40033960



2. Principal Place of Business - No P.O. Box # 9400 River Crossing Blvd. Suite, Apt. #, etc. Suite 102	3. Mailing Address 9400 River Crossing Blvd. Suite, Apt. #, etc. Suite 102
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01182007 Chg-P CR2E034 (12/06)

City & State New Port Richey, FL	City & State New Port Richey, FL
Zip 34655	Country Pasco

4. FEI Number 74-2994651	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent DEEB, ALEX R 9020 RANCHO DEL RIO DRIVE SUITE 125 NEW PORT RICHEY, FL 34655	7. Name and Address of New Registered Agent Name DEEB, ALEX R Street Address (P.O. Box Number is Not Acceptable) 9400 River Crossing Blvd. Suite 102 City New Port Richey, FL Zip Code 34655
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME DEEB, ALEX R <input type="checkbox"/> Delete	TITLE xxx <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME DEEB, ALEX R
STREET ADDRESS 9020 RANCHO DEL RIO DR	CITY-ST-ZIP NEW PORT RICHEY, FL 34655	STREET ADDRESS 9400 River Crossing Blvd., Suite 102	CITY-ST-ZIP New Port Richey, FL 34655
TITLE VPD	NAME DEEB, THOMAS P <input type="checkbox"/> Delete	TITLE xxx <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME DEEB, THOMAS P
STREET ADDRESS 9020 RANCHO DEL RIO DR	CITY-ST-ZIP NEW PORT RICHEY, FL 34655	STREET ADDRESS 9400 River Crossing Blvd., Suite 102	CITY-ST-ZIP New Port Richey, FL 34655
TITLE STD	NAME DEEB, RICHARD G <input type="checkbox"/> Delete	TITLE xxx <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME DEEB, RICHARD G
STREET ADDRESS 9020 RANCHO DEL RIO DR	CITY-ST-ZIP NEW PORT RICHEY, FL 34655	STREET ADDRESS 9400 River Crossing Blvd., Suite 102	CITY-ST-ZIP New Port Richey, FL 34655
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **Alex R. Deeb President** Date **3/2/07** Daytime Phone # **727-376-6831**