

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000105069

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: WHEEL AUTHORITY OF FLORIDA, INC.

## Current Principal Place of Business:

922 E 124 AVE  
STE E  
TAMPA, FL 33612

## New Principal Place of Business:

1902 NORTH 43 RD ST  
STE D  
TAMPA, FL 33605

## Current Mailing Address:

218 E BEARSS AVE  
330  
TAMPA, FL 33613

## New Mailing Address:

FEI Number: 59-3755842      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOWE, JAMES  
15009 NORTH FLORIDA AVE #330  
TAMPA, FL 33613      US

## Name and Address of New Registered Agent:

LOWE, JAMES  
218 E BEARSS AVE #330  
TAMPA, FL 33613      US

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: JAMES LOWE

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LOWE, JAMES  
Address: 15009 NORTH FLORIDA AVE #330  
City-St-Zip: TAMPA, FL 33613

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LOWE, JAMES  
Address: 218 EAST BEARSS AVE #330  
City-St-Zip: TAMPA, FL 33613

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: JAMES LOWE

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date