


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000107047 1. Entity Name WICKS ARE US, INC.	
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Principal Place of Business 1630 NORTH UNITED STATES HIGHWAY 41 INVERNESS, FL 34450	Mailing Address 1630 NORTH UNITED STATES HIGHWAY 41 INVERNESS, FL 34450
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DO NOT WRITE IN THIS SPACE

01172007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1151156	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

POORMAN, BERNADETTE
8630 E. ORANGE AVE.
FLORAL CITY, FL 34436

**DO NOT WRITE
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 _____ (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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD POORMAN, BERNADETTE 1630 HWY 41 NORTH INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ANTONETTI, PATRICIA 1630 HWY 41 N INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/01/07-80035-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Bernadette Poorman, PRES. BERNADETTE POORMAN 4/18/07 ✓352-860-2876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #