2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000117031

Entity Name: WOLFE ENTERPRISES AND INVESTMENTS, INC.

FILED Jan 21, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5100 HIGHWAY 17-92 1515 INTERNATIONAL PARKWAY

SUITE 200 SUITE 1001

CASSELBERRY, FL 32707 LAKE MARY, FL 32746

Current Mailing Address: New Mailing Address:

5100 HIGHWAY 17-92 1515 INTERNATIONAL PARKWAY

SUITE 200 SUITE 1001

CASSELBERRY, FL 32707 LAKE MARY, FL 32746

FEI Number: 26-0010294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOLFE, ROBERT W
5100 HIGHWAY 17-92
SUITE 200
SUITE 1001

SUITE 200 SUITE 1001 CASSELBERRY, FL 32707 US LAKE MARY, FL 32746 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: 01/21/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

() Delete

OFFICERS AND DIRECTORS:

Title:

Title: PST (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: WOLFE, ROBERT W Name: WOLFE, ROBERT W

Address: 5100 HIGHWAY 17-92 SUITE 200 Address: 1515 INTERNATIONAL PARKWAY, #1001

City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: LAKE MARY, FL 32746

Name: WOLFE, JOAN B Name: WOLFE, JOAN B

Address: 679 SARANAC DRIVE Address: 1515 INTERNATIONAL PARKWAY, #1001

City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOAN B. WOLFE VP 01/21/2005