


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90223 005 ***150.00

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| DOCUMENT # P01000122351 |  |
| 1. Entity Name WHEELER PRODUCTIONS, INC. | |

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| Principal Place of Business 473 LEWIS BLVD SE ST PETERSBURG FL 33705 | Mailing Address 473 LEWIS BLVD SE ST PETERSBURG FL 33705 |
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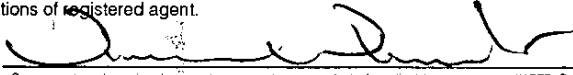
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| 2. Principal Place of Business 4621-7TH AVE N | 3. Mailing Address 4621-7TH AVE N |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State ST PETERSBURG, FL | City & State ST PETERSBURG, FL |
| Zip 33713 | Country USA |

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| 4. FEI Number 02-0531757 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent CURZON, TANYA 473 LEWIS BLVD SE ST PETERSBURG FL 33705 | |
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| 7. Name and Address of New Registered Agent Name VINCENT WHEELER Street Address (P.O. Box Number is Not Acceptable) 4621-7TH AVE N City ST PETERSBURG FL 33713 | |
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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  Signature, typed or printed name of registered agent and title if applicable. | DATE 3-14-05 (NOTE: Registered Agent signature required when reinstating) |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 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 NAME STREET ADDRESS CITY-ST-ZIP | PD WHEELER, VINCENT 4621 7TH AVENUE N SAINT PETERSBURG FL 33713 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD CURZON, TANYA 473 LEWIS BLVD SE SAINT PETERSBURG FL 33705 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 12. I hereby certify that the information supplied with this filing does not qualify 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 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. | |
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| SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | DATE 3-14-05 Date | Daytime Phone # |
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