

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000017346

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: WOW!WORKS INTERNATIONAL, INC.

**Current Principal Place of Business:**

135 HARBOUR COVE WAY  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

614 EAST HIGHWAY 50  
SUITE 405  
CLERMONT, FL 34711

**New Mailing Address:**

FEI Number: 75-3014490

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HABER, LAWRENCE H ESQ.  
606 FRONT STREET  
CELEBRATION, FL 347470171 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BUCKLEY, BETTINA  
Address: 614 E HWY 50 STE 405  
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete  
Name: WYMER, TYLOR  
Address: 614 E HWY 50 STE 405  
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BETTINA BUCKLEY

D

01/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date