~ 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 05, 2004 8:00 am Secretary of State DOCUMENT # P02000041755 08-05-2004 90001 049 ***550.00 WGM PROPERTIES, INCORPORATED Principal Place of Business Mailing Address 54066806 4010 5TH AVE S 4010 57TH AVENUE SO. #204 LAKE WORTH, FL 33463 LAKE WORTH, FL 33460 08022004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3715749 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCALONAN, FRANCIS R JR. DO NOT WRITE 4010 57TH AVENUE SO. IN THIS SPACE LAKE WORTH, FL 33463 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550,00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE MCALONAN, FRANCIS R JR. NAME STREET ADDRESS 4010 57TH AVENUE S., #204 LAKE WORTH, FL 33463 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing doesn't 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 accurage 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED