


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90127 020 \*\*\*150.00

<b>DOCUMENT # P02000084072</b> 1. Entity Name WEALTH CARE CENTERS, INC.					
Principal Place of Business 5030 78TH AVENUE SUITE 10 PINELLAS PARK, FL 33781			Mailing Address 5030 78TH AVENUE SUITE 10 PINELLAS PARK, FL 33781		
2. Principal Place of Business - If <i>5030-78th Ave</i>		Box #	3. Mailing Address		
Suite, Apt. #, etc. <i>11</i>		Suite, Apt. #, etc.	City & State <i>Pinellas Park, FL</i>		
City & State <i>Pinellas Park, FL</i>		City & State	4. FEI Number 16-1625057		
Zip <i>33781</i>		Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  WILLIAMS, PAUL J 5030 78TH AVENUE SUITE 11 PINELLAS PARK, FL 33781			7. Name and Address of New Registered Agent Name <i>William Paul J.</i> Street Address (P.O. Box Number is Not Acceptable) <i>5030-78th Ave., Suite 11</i> City <i>Pinellas Park</i> <b>FL</b> Zip Code <i>33781</i>		
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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>3/28/07</i>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, PAUL J 5030 78TH AVENUE, SUITE 10 PINELLAS PARK, FL 33781		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>[Signature]</i> (NOTE: Signature and typed or printed name of signing officer or director) DATE: <i>3/28/07 (727) 544-0086</i>					