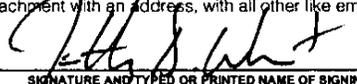


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90006 016 ***150.00

DOCUMENT # P03000007016					
1. Entity Name WHEAT ENTERPRISES SHALIMAR, INC.					
Principal Place of Business 1261 E. EGLIN PARKWAY FT. WALTON BEACH, FL 32547			Mailing Address 6091 ST. GEORGE ST PACE, FL 32571		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 04292008 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-2390623	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WHEAT, TIMOTHY D 6091 ST. GEORGE ST. PACE, FL 32571			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P,T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHEAT, TIMOTHY D	NAME	6091 ST. GEORGE STREET		
STREET ADDRESS	6091 ST. GEORGES STREET	STREET ADDRESS			
CITY-ST-ZIP	PACE, FL 32571	CITY-ST-ZIP			
TITLE	VP,S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHEAT, TONNA D	NAME	6091 ST. GEORGE STREET		
STREET ADDRESS	6091 ST. GEORGES STREET	STREET ADDRESS			
CITY-ST-ZIP	PACE, FL 32571	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUNTER, DOYLE M	NAME			
STREET ADDRESS	4358 MARVIN REAVES ROAD	STREET ADDRESS			
CITY-ST-ZIP	JAY, FL 32565	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUNTER, JEANETTE D	NAME			
STREET ADDRESS	4358 MARVIN REAVES RD.	STREET ADDRESS			
CITY-ST-ZIP	JAY, FL 32565	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		TIMOTHY D. WHEAT		4/29/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE # 850-450-9050	