

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000026725

Entity Name: THE AUCTION WIZ, INC.

FILED
Jul 11, 2007
Secretary of State

Current Principal Place of Business:

280 WEKIVA SPRINGS RD STE 201
LONGWOOD, FL 32779

New Principal Place of Business:

280 WEKIVA SPRINGS RD STE 2030
LONGWOOD, FL 32779

Current Mailing Address:

280 WEKIVA SPRINGS RD STE 201
LONGWOOD, FL 32779

New Mailing Address:

280 WEKIVA SPRINGS RD STE 2030
LONGWOOD, FL 32779

FEI Number: 13-4247569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEFF, JOHN
175 CROWN POINT CIR.
LONGWOOD, FL 32779 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: MAGUIRE, MATTHEW
Address: 280 WEKIVA SPRINGS RD STE 201
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: JABLON, MARC
Address: 280 WEKIVA SPRINGS RD STE 201
City-St-Zip: LONGWOOD, FL 32779

Title: PD () Delete
Name: SHINAULT, SHAWN
Address: 280 WEKIVA SPRINGS RD STE 201
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change () Addition
Name: MAGUIRE, MATTHEW
Address: 280 WEKIVA SPRINGS RD STE 2030
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Change () Addition
Name: JABLON, MARC
Address: 280 WEKIVA SPRINGS RD STE 2030
City-St-Zip: LONGWOOD, FL 32779

Title: PD (X) Change () Addition
Name: SHINAULT, SHAWN
Address: 280 WEKIVA SPRINGS RD STE 2030
City-St-Zip: LONGWOOD, FL 32779

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: /MATTHEW MAGUIRE

DCEO

07/11/2007

Electronic Signature of Signing Officer or Director

Date