

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90476 043 ***150.00

DOCUMENT # P03000044869					
1. Entity Name THE WHEEL WIZARD, INC.					
Principal Place of Business 3240 HAVERHILL RD APT C 202 WEST PALM BEACH, FL 33417			Mailing Address PO BOX 1345 NOKOMIS, FL 34274		
2. Principal Place of Business - No P.O. Box # 997 S. Tamiami Trail			3. Mailing Address Suite, Apt. #, etc. C-220		
City & State NOKOMIS FL			City & State NOKOMIS FL		
Zip 34275		Country USA		4. FEI Number 76-0732143	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PLAINTÉ, ROBERT 3240 HAVERHILL RD APT C202 WEST PALM BEACH, FL 33417			7. Name and Address of New Registered Agent Name: <u>Plainte, Robert</u> Street Address (P.O. Box Number is Not Acceptable): <u>997 S. Tamiami Trail</u> <u>C-220</u> City: <u>Nokomis</u> <u>FL</u> Zip Code: <u>34275</u>		
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: <u>[Signature]</u> <u>Robert Plainte, President</u> <u>4/25/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	DP PLAINTÉ, ROBERT PO BOX 1345 NOKOMIS, FL 34274	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>[Signature]</u> <u>Robert Plainte</u>			<u>4/25/07 (941) 400-9519</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>DATE DAYTIME PHONE #</small>		