2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099959

Entity Name: WCR, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2745 TREASURE CAY LANE SEBRING, FL 33875				2824 BRIARWOOD LN SEBRING, FL 33875			
Current Mailing Address:				New Mailing Address:			
2745 TREASURE CAY LANE SEBRING, FL 33875				2824 BRIARWOOD LN SEBRING, FL 33875			
FEI Number:	: 13-4263804	FEI Number Applied For()	FEI Num	ber Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of Cui	rent Registered Agent:		Name and	Address of	New Registered Agent:	
REED, ROBIN A 2745 TREASURE CAY LANE SEBRING, FL 33875 US				REED, ROBIN A 2824 BRIARWOOD LN SEBRING, FL 33875 US			
	named entity sub of Florida.	omits this statement for the p	ourpose of	changing i	ts registered	office or registered agent, or both,	
SIGNATURE: RAREED				04/30/2007			
	Electronic	Signature of Registered Age	ent			Date	
Election Car	npaign Financing T	rust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	DP () De REED, ROBIN A 2745 TREASURE (SEBRING, FL 338 DV () De FUTCH, JEFFREY 1233 EDGEWATE SEBRING, FL 338	CAY LANE 175 US elete E R POINT DRIVE		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	REED, ROBIN 2824 BRIARW SEBRING, FL	OOD LN	
Title: Name: Address: City-St-Zip:	D () De REED, KIMBERLY 2745 TREASURE 9 SEBRING, FL 338	B CAY LANE		Title: Name: Address: City-St-Zip:	D () REED, KIMBE 2824 BRIARW SEBRING, FL	OOD LANE	
Title: Name: Address: City-St-Zip:	() De	elete		Title: Name: Address: City-St-Zip:	FUTCH, TERR	ATER POINT DRIVE	

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: RAREED P 04/30/2007