

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000152359

FILED
Jan 10, 2007
Secretary of State

Entity Name: DONALD W. BUCKLER, P.A.

Current Principal Place of Business:

101 E. KENNEDY BLVD, SUITE 1790
TAMPA, FL 33602

New Principal Place of Business:

TAMPA CITY CENTER. 201 N. FRANKLIN ST
7TH FLOOR
TAMPA, FL 33602

Current Mailing Address:

101 E. KENNEDY BLVD, SUITE 1790
TAMPA, FL 33602

New Mailing Address:

TAMPA CITY CENTER. 201 N. FRANKLIN ST.
7TH FLOOR
TAMPA, FL 33602

FEI Number: 20-0592593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHWW, INC
390 N. ORANGE AVENUE,
SUITE 1500
ORLANDO, FL 32801 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BUCKLER, DONALD W
Address: 101 E. KENNEDY BLVD, SUITE 1790
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BUCKLER, DONALD W
Address: TCC. 201 N. FRANKLIN ST. 7TH FLOOR
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the 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: DONALD W. BUCKLER

PRES

01/10/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date