2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000155587

Entity Name: WL ASSOCIATES, INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3202 PALM HARBOR BLVD. SUITE A

PALM HARBOR, FL 34683 US

New Mailing Address: Current Mailing Address:

3202 PALM HARBOR BLVD. SUITE A

PALM HARBOR, FL 34683 US

FEI Number: 20-0525696 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WRAY, PAUL WRAY, PAUL 3202 PALM HARBOR BLVD. 1147 TUSCANY DR US SUITE A

TRINITY, FL 34655 PALM HARBOR, FL 34683 US

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: 04/15/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

WRAY, PAUL WRAY, PAUL Name: Name: 1410 WILLOW BROOK DR 1147 TUSCANY DR Address: Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: TRINITY, FL 34655

() Delete Title: STD Title: STD (X) Change () Addition

Name: LITTLE, MARCIA Name: LITTLE MARCIA

2544 STILLWATER COURT 1410 WILLOW BROOK DR Address: Address: PALM HARBOR, FL 34684 PALM HARBOR, FL 34683 City-St-Zip: City-St-Zip:

Title: Title: () Delete (X) Change () Addition

WRAY, LILA Name: WRAY, LILA Name: 1410 WILLOW BROOK DR 1147 TUSCANY DR Address: Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: TRINITY, FL 34655

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: MARCIA W. LITTLE STD 04/15/2009