2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2009
Secretary of State

DOCUMENT# P04000034739

Entity Name: WRCS INC.

Current Principal Place of Business:

14788 CALUSA PALMS DR.
203
FORT MYERS, FL 33919

New Principal Place of Business:

15647 ALTON DR
FORT MYERS, FL 33908

Current Mailing Address:

14788 CALUSA PALMS DR.
203
FORT MYERS, FL 33919

New Mailing Address:

15647 ALTON DR
FORT MYERS, FL 33908

FEI Number: 80-0103713 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REID, TOM
14788 CALUSA PALMS DR.
203
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

REID, TOM
15647 ALTON DR
FORT MYERS, FL 33908 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: TOM REID 02/28/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: REID, WIVIANE
Address: 14788 CALUSA PALMS DR. #203
City-St-Zip: FORT MYERS, FL 33919

Title: V ( ) Delete
Name: REID, TOM
Address: 14788 CALUSA PALMS DR. #203
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: REID, WIVIANE
Address: 15647 ALTON DR
City-St-Zip: FORT MYERS, FL 33908

Title: V (X) Change ( ) Addition
Name: REID, TOM
Address: 15647 ALTON DR
City-St-Zip: FORT MYERS, FL 33908

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: TOM REID V 02/28/2009
Electronic Signature of Signing Officer or Director Date