

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

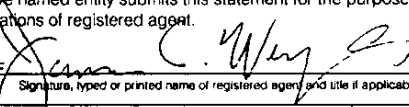
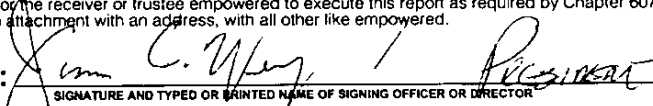
**FILED**  
**Aug 02, 2007 8:00 am**  
**Secretary of State**

08-02-2007 90013 010 \*\*\*150.00

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07262007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P04000125223</b>					
1. Entity Name <b>JAMES ALAN WENGLER JR INC</b>					
Principal Place of Business 9120 SE 107TH PLACE BELLEVUE, FL 34420			Mailing Address 10560 SE 42ND CT BELLEVUE, FL 34420		
2. Principal Place of Business - No P.O. Box # 10560 SE 42nd Ct			3. Mailing Address Suite, Apt. #, etc.		
City & State Bellevue FL 34420			City & State		
Zip 34420		Country		4. FEI Number 20-1560515	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  WENGLER, JAMES A JR 9120 SE 107TH PLACE BELLEVUE, FL 34420			7. Name and Address of New Registered Agent Name Wengler, James A Jr Street Address (P.O. Box Number is Not Acceptable)  10560 SE 42nd Ct City Bellevue FL Zip Code 34420		
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 		JAMES A. WENGLER		7/26/07	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WENGLER, JAMES A JR 9120 SE 107TH PLACE BELLEVUE, FL 34420	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Wengler, James A Jr 10560 SE 42nd Ct Bellevue FL 34420	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		7/26/07		352-427 4459	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	