

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000146530

FILED
Apr 30, 2005
Secretary of State

Entity Name: WOW! PROPERTY SOLUTIONS, INC.

Current Principal Place of Business:

2960 SE 45TH STREET
OCALA, FL 34480 US

New Principal Place of Business:

303 SE 17TH ST
309-174
OCALA, FL 34471 US

Current Mailing Address:

2960 SE 45TH STREET
OCALA, FL 34480 US

New Mailing Address:

303 SE 17TH ST
309-174
OCALA, FL 34471 US

FEI Number: 20-1876854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, DEBRA A
2960 SE 45TH STREET
OCALA, FL 34480 US

Name and Address of New Registered Agent:

YOUNG, DAVID A CPA
1243 SE 22ND AVE
OCALA, FL 34471 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: DAVID A YOUNG, CPA

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOORE, DEBRA A
Address: 2960 SE 45TH STREET
City-St-Zip: Ocala, FL 34480 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WOW PROPERTY SOLUTIO, NS
Address: 303 SE 17TH ST SUITE 309-174
City-St-Zip: Ocala, FL 34471 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DEBRA MOORE, PRESIDENT

PRES

04/30/2005

Electronic Signature of Signing Officer or Director

Date