## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000150589

City-St-Zip:

HEATHROW, FL 32746

Entity Name: WESCAR PASADENA, INC.

FILED Apr 18, 2008 Secretary of State

Littly Nai	HE. WESCAR	R PASADENA, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
195 INTERNATIONAL PARKWAY HEATHROW, FL 32746				195 INTERNATIONAL PARKWAY SUITE 100 HEATHROW, FL 32746		
Current Mailing Address:				New Mailing Address:		
195 INTERNATIONAL PARKWAY HEATHROW, FL 32746				195 INTERNATIONAL PARKWAY SUITE 100 HEATHROW, FL 32746		
FEI Number: 20-1841873 FEI Number Applied For ( )		FEI Numb	per Not Applicable ( )	Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
GEYS, LOUIS 195 INTERNATIONAL PARKWAY HEATHROW, FL 32746 US				GEYS, LOUIS 195 INTERNATIONAL PARKWAY SUITE 100 HEATHROW, FL 32746 US		
The above in the State	named entity s e of Florida.	submits this statement for the p	ourpose of o	changing its registered	office or registered agent, or both,	
SIGNATURE:				04/18/2008		
Electronic Signature of Registered Agent				Date		
Election Can	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GEYS, LOUIS	Delete ONAL PARKWAY L 32746	N A	Fitle: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	GEYS, WESLE	ONAL PARKWAY	N A	Fitle: ( Name: Address: Dity-St-Zip:	) Change ( ) Addition	
Title: Name: Address:	MARINA, GEYS	Delete ONAL PARKWAY	١	Fitle: ( Name: Address:	) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: SHELLY MOHAN MGR 04/18/2008