## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000152655

1. Entity Name
WAHRHEIT CORPORATION



FILED Jan 24, 2008 08:00 Al Secretary of State

Principal Place of Business

1421 BESSMORE RD. WINTER PARK, FL 32790 Mailing Address

PO BOX 1632

WINTER PARK, FL 32790



01212008	No Chg	-P	CR2E	034 (11

4. FEI Number 81-0667436 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MCKINNEY, J. ROBERT 1421 BESSMORE RD. WINTER PARK, FL 32789

## DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the patient of registered agent.	purpose of changing its registered of	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and title	desclarks AVOTE Design			DATE
	Signature, typed or printed name of registered agent and title	if applicable (NOTE; Registered Age	ent signature	required when reinstating)	DATE
FIL After M	.E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	9 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNEY, J. ROBERT PO BOX 1632 WINTER PARK, FL 32790				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNEY, DEBORAH PO BOX 1632 WINTER PARK, FL 32790		••		000000794898 01/28/08-80026-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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.

GIUNINTIDE

CITY-ST-ZIP

ARODON Mely- 1/22/08 - 407-461-5623