2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000156395

1. Entity Name
WONDER WHEELS INC

FILED
07 MAR 22 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4334 WEST WATERS AVE TAMPA, FL 33614	4334 WEST WATERS AVE TAMPA, FL 33614

03052007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1889645 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

A KASSAB, SALAH EL DDINE
10120 MOWRY LN
TAMPA, FL 33625

7. Name and Address of New Registered Agent

Name: Sayed N. Ahmed
Street Address (P.O. Box Number is Not Acceptable): 4334 W. Waters Ave. Suite C
City: Tampa FL Zip Code: 33614

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: [signature] DATE: 3/19/07.
Signature, officer or director of the registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P A KASSAB, SALAH EL-DDINE 10120 MOWRY LN TAMPA, FL 33625	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Sayed N. Ahmed 4334 W. Waters Ave. Suite C Tampa, Fl. 33614	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V QAISER, ALI 12912 CAMBRIDGE AVE TAMPA, FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Fiazudeen Hosein 9603 Barnside Pl. Tampa, Fl. 33635	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300095915513 04/04/07--01048--021 **61.25	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Fiazudeen Hosein Treasurer 3-5-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/20