

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 4334 WEST WATERS AVE TAMPA, FL 33614	Mailing Address 4334 WEST WATERS AVE TAMPA, FL 33614
--	--



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

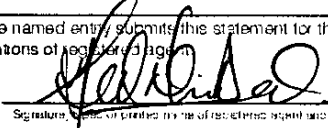
03052007 Chg-P CR2E034 (12/06)

City & State	City & State	4. FEI Number 20-1889645	Applied For Not Applicable
Zip	Country	Zip	Country

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.

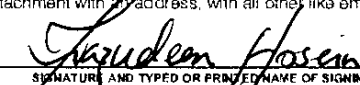
SIGNATURE  DATE 3/19/07

Signature, name or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing)

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	300095815513 04/04/07--01048--021 **\$61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 my address, with all other like empowered.

SIGNATURE:  TREASURER: 3-5-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date