2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# P05000022758

Entity Name: WISECO ENTERPRISES, INC.

Current Principal Place of Business:

PO BOX 3117
HAINES CITY, FL 33845 US

New Principal Place of Business:

100 SPENCER SHORES
HAINES CITY, FL 33844 US

Current Mailing Address:

PO BOX 3117
HAINES CITY, FL 33845 US

New Mailing Address:

100 SPENCER SHORES
HAINES CITY, FL 33844 US

FEI Number: 20-2333707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WISE, DIANE S
1 SPENCER SHORES
HAINES CITY, FL 33845 US

Name and Address of New Registered Agent:

WISE, DIANE S
100 SPENCER SHORES
HAINES CITY, FL 33844 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: 05/01/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WISE, GEORGE W
Address: PO BOX 3117
City-St-Zip: HAINES CITY, FL 33845 US

Title: VP ( ) Delete
Name: WISE, DIANE S
Address: PO BOX 3117
City-St-Zip: HAINES CITY, FL 33845 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WISE, GEORGE W
Address: 100 SPENCER SHORES
City-St-Zip: HAINES CITY, FL 33844 US

Title: VP (X) Change ( ) Addition
Name: WISE, DIANE S
Address: 100 SPENCER SHORES
City-St-Zip: HAINES CITY, FL 33844 US

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.

SIGNATURE: DIANE S. WISE VP 05/01/2007
Electronic Signature of Signing Officer or Director Date