## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 22, 2008 08:00 AN **DOCUMENT # P05000026695 Secretary of State** 1. Entity Name WAMPROPERTIES, INC. Principal Place of Business Mailing Address P.O. BOX 530335 3401 5TH AVE. SOUTH ST. PETERSBURG, FL 33711 ST. PETERSBURG, FL 33747 01142008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2370780 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORTIULA, BRUNA DO NOT WRITE 3543 SHORELINE CIRCLE PALM HARBOR, FL 34684 IN THIS SPACE 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, typed or printed name of registered agent and tipe if applicable. (NOTE: Registered Agent algorithms required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS U000000791156 TITLE 01/23/08-80063-007 150.00 MADDAH, WALID NAME STREET ADDRESS P.O. BOX 530335 ST. PETERSBURG, FL 337470335 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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 than the same legal effect as if made under same appears in Block 10 or Block 11 if

SIGNATURE:

NAME STREET ADDRESS

BIGINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-08-(727)4528052

Daytime Phone #

FILED