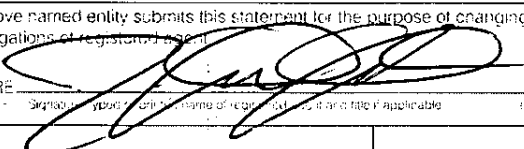
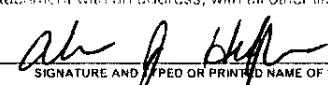


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90052 026 ***150.00

DOCUMENT # P05000075027 1. Entity Name WHEELING ENTERPRISES, INC.					
Principal Place of Business 1229 ALBURY AVENUE SPRING HILL, FL 34606 US			Mailing Address 1229 ALBURY AVENUE SPRING HILL, FL 34606 US		
2. Principal Place of Business - No P.O. Box # 7 Balata Court Suite, Apt. #, etc.		3. Mailing Address 7 Balata Court Suite, Apt. #, etc.			
City & State Homosassa, FL		City & State Homosassa, FL		4. FEI Number 20-2976948	
Zip 34446		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENGESBACH & TAYLOR, P.A. 5330 SPRING HILL DRIVE SUITE J SPRING HILL, FL 34606			7. Name and Address of New Registered Agent Decker, Coulter, Hengesbach, Taylor & Ben, PA 5438 Spring Hill Drive Spring Hill, FL 34606		
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  J. Todd Taylor		DATE 4/24/2007			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 P NAME HENGESBACH, ALAN J STREET ADDRESS 1229 ALBURY AVENUE CITY-ST-ZIP SPRING HILL, FL 34606	☐ Delete		TITLE NAME Alan J. Hengesbach STREET ADDRESS 7 Balata Court CITY-ST-ZIP Homosassa, FL 34446	☒ Change ☐ Addition	
TITLE VP NAME HENGESBACH, LAURA STREET ADDRESS 1229 ALBURY AVENUE CITY-ST-ZIP SPRING HILL, FL 34606	☐ Delete		TITLE NAME Laura Hengesbach STREET ADDRESS 7 Balata Court CITY-ST-ZIP Homosassa, FL 34446	☒ 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	
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:  ALAN J HENGESBACH 4/27/07 352-503-3667					