## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000078167

Entity Name: WOODEN INDIAN CHARTERS, INC

FILED Mar 28, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place o	New Principal Place of Business:	
P.O. BOX 304 HOSFORD, FL 32334	22361 NE WHIPPOORWILL LANE HOSFORD, FL 32334		
Current Mailing Address:	New Mailing Address:		
P.O. BOX 304 HOSFORD, FL 32334			
FEI Number: 83-0431357 FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
BURKE, TERESA 22361 NE WHIPPOORWILL LANE HOSFORD, FL 32334 US			
The above named entity submits this statement for the puin the State of Florida.	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE:			
SIGNATURE.			

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition BURKE, MARC BURKE, MARC Name: Name: Address: P.O. BOX 304 Address: 22361 NE WHIPPOORWILL LANE City-St-Zip: HOSFORD, FL 32334 City-St-Zip: HOSFORD, FL 32334 Title: () Delete Title: (X) Change ( ) Addition BURKE, TERESA BURKE, TERESA Name: Name: Address: P.O. BOX 304 Address: 22361 NE WHIPPOORWILL LANE HOSFORD, FL 32334 HOSFORD, FL 32334 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY MARC BURKE P 03/28/2007