


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90440 045 ***150.00

DOCUMENT # P05000114264 1. Entity Name WHEELER ROAD LAND INVESTMENTS, INC.					
Principal Place of Business 800 W CYPRESS CREEK ROAD 470 FORT LAUDERDALE, FL 33309			Mailing Address 800 W CYPRESS CREEK ROAD 470 FORT LAUDERDALE, FL 33309		
2. Principal Place of Business 800 W. CYPRESS CREEK ROAD Suite, Apt. #, etc. 465 City & State FORT LAUDERDALE, FL Zip Country 33309 USA		3. Mailing Address 800 W. CYPRESS CREEK ROAD Suite, Apt. #, etc. 465 City & State FORT LAUDERDALE, FL Zip Country 33309 USA			
04282006 Chg-P CR2E034 (11/05)				4. FEI Number 55-0903325	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LEGEL, LARRY 800 W CYPRESS CREEK ROAD 470 FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPST LEGEL, LARRY 800 W CYPRESS CREEK ROAD #470 FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPKINS, WILLIAM F JR 11 FAIRWAY DR DOVER, NH 03820	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STERLACCI, JOSEPH 14130 DUKE WAY ALVA, FL 33920	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Larry Legel</i>		LARRY LEGEL PRESIDENT		4.28.6	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	