## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000127719

Entity Name: WIREWORKER, INC

FILED Aug 07, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
9989 LEAI JACKSON	HY ROAD IVILLE, FL 32246	US		
Current Mailing Address:			New Mailing Address:	
9989 LEAI JACKSON	HY ROAD IVILLE, FL 32246	US		
FEI Number	: 20-3483092 F	El Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of Curr	ent Registered Agent:	Name and Address o	f New Registered Agent:
9989 LEAF	RISTOPHER HY ROAD IVILLE, FL 32246	US		
	e named entity subi e of Florida.	mits this statement for the	purpose of changing its registered	d office or registered agent, or both,
SIGNATU	RE:			
	Electronic S	ignature of Registered Ag	ent	Date
	, ,	b), F.S., the corporation did n	ot receive the prior notice.	
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ) Del RIPA, CHRISTOPHE 9989 LEAHY ROAD JACKSONVILLE, FL	ER	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VP () Del RIPA, DANIEL 9989 LEAHY ROAD JACKSONVILLE, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VP () Dele RIPA, ERIC 9989 LEAHY ROAD JACKSONVILLE, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address:	TREA () Del RIPA, CHRISTOPHE 9989 LEAHY ROAD		Title: Name: Address:	( ) Change ( ) Addition

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.

City-St-Zip:

SIGNATURE: CHRISTOPHER RIPA P 08/07/2009

JACKSONVILLE, FL 32246 US

City-St-Zip: