



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90084 042 ***150.00

DOCUMENT # P05000155268 1. Entity Name WWS COLLISION SOLUTIONS, INC.																																					
Principal Place of Business 637 8TH STREET 242 E. Highland Ave CLERMONT, FL 34711 US				Mailing Address 637 8TH STREET 242 E. Highland Ave CLERMONT, FL 34711 US																																	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-3911486 Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04152008 Chg-P CR2E034 (12/06)																																	
6. Name and Address of Current Registered Agent SCHUMACHER, CINDY J 637 8TH STREET 242 E. Highland Ave CLERMONT, FL 34711			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 reconstating) DATE _____																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td></td> <td>SCHUMACHER, WAYNE W</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11301 LAKE LOUISA ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLERMONT, FL 34711</td> <td></td> </tr> </table>			TITLE	NAME	Delete		SCHUMACHER, WAYNE W	<input type="checkbox"/>	STREET ADDRESS	11301 LAKE LOUISA ROAD		CITY-ST-ZIP	CLERMONT, FL 34711		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	Change	Addition			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS					CITY-ST-ZIP				
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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, without other like empowered.																																					
SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																					

4/15/08 *352 536 9268*
 Date Daytime Phone #