

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000026209

FILED
Jan 12, 2009
Secretary of State

Entity Name: FERRETTI-WILT INTELLECTUAL PROPERTIES INC.

Current Principal Place of Business:

LOUISE FERRETTI-WILT
5209 N BRANCH AVE
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

LOUISE FERRETTI-WILT
5209 N BRANCH AVE
TAMPA, FL 33603

New Mailing Address:

FEI Number: 04-3848073 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FERRETTI-WILT, LOUISE
5209 N BRANCH AVE
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FERRETTI-WILT, LOUISE
Address: 5209 N BRANCH AVE
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: WILT, ERIC
Address: 3608 BAY AVE
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: WILT, MARK LEE
Address: 5209 N BRANCH AVE
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: WILT, GLENN T
Address: 3801 HANOVER HILLS DR
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: WILT, KURT V
Address: PO BOX 1032
City-St-Zip: SAN ANTONIO, FL 33576

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FERRETTI-WILT, LOUISE
Address: 5209 N . BRANCH AVE
City-St-Zip: TAMPA, FL 33603

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: LOUISE FERRETTI-WILT

PD

01/12/2009

Electronic Signature of Signing Officer or Director

_____ Date