

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000039016

Entity Name: WNOC, INC.

FILED
Apr 29, 2007
Secretary of State

Current Principal Place of Business:

32801 HIGHWAY 441 NORTH #102
OKEECHOBEE, FL 349720271

New Principal Place of Business:

32801 HIGHWAY 441 NORTH #296
OKEECHOBEE, FL 34972

Current Mailing Address:

32801 HIGHWAY 441 NORTH #102
OKEECHOBEE, FL 349720271

New Mailing Address:

32801 HIGHWAY 441 NORTH #296
OKEECHOBEE, FL 34972

FEI Number: 20-8510073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADRON, CARLOS E
2 ALHAMBRA PLAZA
SUITE 860
CORAL GABLES, FL 33134 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: PSTD () Delete
Name: CHAMBLESS, NEIL
Address: 32801 HIGHWAY 441 NORTH #102
City-St-Zip: OKEECHOBEE, FL 349720271

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: CHAMBLESS, NEIL
Address: 32801 HIGHWAY 441 NORTH #296
City-St-Zip: OKEECHOBEE, FL 34972

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: NEIL CHAMBLESS

PRES

04/29/2007

Electronic Signature of Signing Officer or Director

Date