Page 1032

## **, 2007 FOR PROFIT CORPORATION**

DOCUMENT # P06000042062 THE WRIGHT DIVISON INC.  07 SEP 17 PN 12'S 8  Protein Place of Business 11016 N DALE MARKY 204 TAMPA FL 33618 US TAMPA FL 33618 US TAMPA FL 33618 US TAMPA FL 33618 US  2. Principal Place of Business 11016 N DALE MARKY 204 TAMPA FL 33618 US TAMPA FL 33618 US  2. Principal Place of Business TAMPA FL 33618 US  3. Mailing Address Suite, AGA, F, etc.  Suite, AGA, F,	ANNUAL REPORT									
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TAMPA, FL 33618 US  2. Principal Place of Business - No P.O. Box # 3. Majking Address  Suite, Apr. #, atc.	11016 N. DA	ALE MABRY	<del>-</del>			- LLAHASSEE, FLORIDA				
Suito, Apt. #, etc.    Suito, Apt. #, etc.   Suito   Suito   April #, etc.   April ed For   St. 7276692   No. Appiled For   St. 7276692   No. Appiled For   St. 737660000   St. 7376600000   St. 73766000000   St. 737660000000000000000000000000000000000		33618 US	= - :				12/10 Billi: BBilli 66/11 BB!	:		
City & State  Country  Country  S. Confliction of Status Desired  \$8.75 Additional Fee Required Agent  T. Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL  Zip Code  TakPA, FL 33618  City FL  Zip Code  TakPA, FL 33618  City FL  Zip Code  TakPA, FL 33618  City FL  Zip Code  The above named entry 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 prophered agent and instructions.  Signature Statement of 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 prophered agent and instructions.  The Address of New Registered Agent  TakPA, FL 33618  City FL Zip Code  The Address of New Registered Agent  The North Dale State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familia	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
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S. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. Name Agent	City & State		City & State							
S. Name and Address of Current Registered Agent   Name	Zip	Country () S.A.	Zip Coun		try				Addi	tional
WRIGHT, RAFEAL N 11016 NORTH DALE MABRY 204 TAMPA, FL 33618    City   FL   Zip Code		6. Name and Address of Current F	Registered Agent		7. Name and	Address of New R		4400	<u> </u>	
Stock Address (P.O. Box Number is Not Acceptable)  Stock Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits this statement by the purpose of changing its registered office or registered agent, or both, in the State of Florad. I am handler with, and accept the obligations of registered agent, or both, in the State of Florad. I am handler with, and accept the obligations of registered agent, or both, in the State of Florad. I am handler with, and accept the obligations of registered agent, or both, in the State of Florad. I am handler with, and accept the obligations of registered agent, or both, in the State of Florad. I am handler with, and accept the obligations of registered agent, or both, in the State of Florad. I am handler with, and accept the obligations of registered agent, or both, in the State of Florad. I am handler with, and accept the obligations of registered agent, or both, in the State of Florad. I am handler with, and accept the obligations of registered agent, or both, in the State of Florad. I am handler with, and accept the obligations of registered agent, or both, in the State of Florad. I am handler with, and accept the obligations of registered agent, or both, in the State of Florad. I am handler with, and accept the obligations of registered agent, or both, in the State of Florad. I am handler with, and accept the obligations of registered agent, or both, in the State of Florad.  9. Effection Campaign Financing  \$5.00 May Be  \$5.00 Ma	MOIO IT	DASS 44 44			Name					
TAMPA, FL 33618    City   FL   Zip Code	11016 NORTH DALE MABRY				Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement or the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  9. SIGNATURE    PILE NOWILL FEE IS \$550.00   P. Election Campaign Financing Trust Fund Contribution.   Addition Fees	_ ·									
SIGNATURE    Signature   Signa					City FL Zip Code					
FILE NOWIII FEE IS \$550.00 Due by September 14, 2007  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution										
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						d in Chapter 119	, Florida Statutes. I	further certify that	the in	formation

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: SIGNATURE AND THED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-2007 727-692-9262 Date Daytime Phone #

## To Whom It May Concern:

Hello my name is Rafeal Wright (The Wright Division Inc.). I recently logged onto the sun biz website to submit my yearly report and pay my fee of \$150.00. I noticed that I am being wrongfully charged a \$400.00 late fee. I wasn't given any notice or warnings whatsoever. I am asking that you would please waive and disregard this fee. Enclosed with this letter is my yearly report for 2006 along with a check for \$150.00. Thank you.

Sincerely,

Rafeal Wright

President, The Wright Division Inc.