

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000069349

Entity Name: WOLFPACK MC NATIONAL, INC.

FILED
May 22, 2007
Secretary of State

Current Principal Place of Business:

885 PASADENA AVE
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

885 PASADENA AVE
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 20-4897402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMMASELLO, STAN
885 PASADENA AVE
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM INC.
465 S VOLUSIA AVE
SUITE C
ORANGE CITY, FL 32763 US

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: DEVIN NEWMAN- ASSISTANT SECRETARY

05/22/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SPOHN, LARRY
Address: 30700 WEKIVA RIVER RD
City-St-Zip: SORRENTO, FL 32776

Title: VP () Delete
Name: TOMMASELLO, STAN
Address: 885 PASADENA AVE
City-St-Zip: LONGWOOD, FL 32750

Title: VP () Delete
Name: PHELPS, WILLIAM
Address: 710 S SPARKMAN AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: S () Delete
Name: SMART, EDGAR JR
Address: 412 E S.R. 434
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T () Delete
Name: HAUG, PAUL
Address: 5851 MICHELLE LN
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: LARRY SPOHN

P

05/22/2007

Electronic Signature of Signing Officer or Director

Date