2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000099849

Entity Name: TC W.A.H.M. NETWORK, INC.

FILED May 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2686 SW CHESTNUT LANE PORT SAINT LUCIE, FL 34953

Current Mailing Address: New Mailing Address:

PO BOX 8291 DBA VOICES OF THE TREASURE COAST MAGAZINE

PORT SAINT LUCIE, FL 34985 US PO BOX 8291

US

PORT SAINT LUCIE, FL 34985 US

FEI Number: 20-8151394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DESPINOS, BARBARA CEO
2686 SW CHESTNUT LANE
PORT SAINT LUCIE, FL 34953 US

DESPINOS, BARBARA CEO
2686 SW CHESTNUT LANE
PORT SAINT LUCIE, FL 34953 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: BARBARA DESPINOS 05/02/2007

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PVST** () Delete Title: (X) Change () Addition DESPINOS, BARBARA DESPINOS, BARBARA CEO Name: Name: 2686 SW CHESTNUT LANE 2686 SW CHESTNUT LANE Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34953 US City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: D () Delete Title: MR (X) Change () Addition Name: DESPINOS. BARBARA Name: SEARS. MICHAEL DIR

Name: DESPINOS, BARBARA Name: SEARS, MICHAEL DIR
Address: 2686 SW CHESTNUT LANE Address: 1642 SE GREENACRES CIR, F103
City-St-Zip: PORT SAINT LUCIE, FL 34953 US City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: () Delete Title: MR () Change (X) Addition

 Name:
 Name:
 DUBOIS, STEVEN

 Address:
 Address:
 2220 SE SHORT ST

 City-St-Zip:
 City-St-Zip:
 PORT SAINT LUCIE, FL 34952

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: BARBARA DESPINOS, CEO/EDITOR MRS 05/02/2007