2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# P06000129480

Entity Name: WISE SPACES, INC.

Current Principal Place of Business:

9055 AMERICANA RD.,SUITE 21 BLDG. C
VERO BCH, FL 32966

New Principal Place of Business:

9055 AMERICANA RD.,SUITE 21 BLDG. C
VERO BEACH, FL 32966 US

Current Mailing Address:

9055 AMERICANA RD.,SUITE 21 BLDG. C
VERO BCH, FL 32966

New Mailing Address:

9055 AMERICANA RD., SUITE 21, BLDG. C
VERO BEACH, FL 32966 US

FEI Number: 20-5697212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIRES, VILMAR B
421 24TH AVE. SW
VERO BCH, FL 32962 US

Name and Address of New Registered Agent:

PIRES, VILMAR B
421 24TH AVE. SW
VERO BEACH, FL 32962 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: VILMAR BATISTA PIRES 04/17/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PIRES, VILMAR B
Address: 421 24TH AVE.
City-St-Zip: VERO BCH, FL 32962

Title: VD ( ) Delete
Name: PIRES, REJANE
Address: 421 24TH AVE.
City-St-Zip: VERO BCH, FL 32962

Title: D (X) Delete
Name: ME, HELENARA ROCHA D
Address: RUA JOAO NEGRAO,731,SALA 1808
City-St-Zip: CURITIBA, PR,BRAZIL,CEP80.01,

Title: D (X) Delete
Name: DE ANDRADE, HELENARA
Address: 9055 AMERICANA RD.,SUITE 21 BLDG. C
City-St-Zip: VERO BCH, FL 32966

Title: D (X) Delete
Name: GONCALVES, ADALBERTO P
Address: 9055 AMERICANA RD.,SUITE 21 BLDG. C
City-St-Zip: VERO BCH, FL 32966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PIRES, VILMAR B
Address: 421 24TH AVE. SW
City-St-Zip: VERO BEACH, FL 32962 US

Title: VD (X) Change ( ) Addition
Name: PIRES, REJANE
Address: 421 24TH AVE. SW
City-St-Zip: VERO BEACH, FL 32962 US

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 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: VILMAR BATISTA PIRES PD 04/17/2007
Electronic Signature of Signing Officer or Director Date