

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000130723

1. Entity Name
WOG, INC.



Principal Place of Business
2053 VININGS CIRCLE #513
WELLINGTON, FL 33414

Mailing Address

2053 VININGS CIRCLE #513
WELLINGTON, FL 33414

2. Principal Place of Business - No P.O. Box #
9175 Dupont Place

Suite, Apt. #, etc.

3. Mailing Address
9175 Dupont Place

Suite, Apt. #, etc.

City & State
Wellington, FL
Zip 33414 Country USA

City & State
Wellington, FL
Zip 33414 Country USA



04252007 Chg-P CR2E034 (12/06)

4. FEI Number
20-8327045

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, GILLIAN
2053 VININGS CIRCLE #513
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name Gillian Gordon
Street Address (P.O. Box Number is Not Acceptable)
9175 Dupont Place

City Wellington FL Zip Code 33414

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4-25-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME GORDON, GILLIAN
STREET ADDRESS 2053 VININGS CIRCLE #513
CITY-ST-ZIP WELLINGTON, FL 33414

Delete

TITLE PSTD
NAME Gordon, Gillian
STREET ADDRESS 9175 Dupont Place
CITY-ST-ZIP Wellington, FL 33414

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-07

Date

Daytime Phone #