2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000140073

ZIGLAR, JOHN

8815 CONROY-WINDERMERE #411

ORLANDO, FL 32835 US

Name:

Address:

City-St-Zip:

Entity Name: WHOLESALE TRANSACTIONS.COM INC.

FILED May 17, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
8815 CONROY-WINDERMERE #411 ORLANDO, FL 32835 US			625 MAIN STREET SUITE 20 WINDERMERE, FL 3		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	IROY-WINDEF D, FL 32835	RMERE #411 US			
FEI Number	: 20-5842751	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
WINDERN The above	STREET #20 /IERE, FL 347		purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI					
Electronic Signature of Registered Agent			ent	Date	
		93(2)(b), F.S., the corporation did n ng Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	ZIGLAR, JOHN	/-WINDERMERE #411	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MONTROY, KE	/-WINDERMERE #411	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ZIGLAR, JENN	/-WINDERMERE #411	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	DIR () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN ZIGLAR PRES 05/17/2007