

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000140073

FILED
Mar 23, 2009
Secretary of State

Entity Name: WHOLESale TRANSACTIONS.COM INC.

Current Principal Place of Business:

625 MAIN STREET
SUITE 20
WINDERMERE, FL 34786 US

New Principal Place of Business:

Current Mailing Address:

625 MAIN STREET
SUITE 20
WINDERMERE, FL 34786 US

New Mailing Address:

FEI Number: 20-5842751 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIGLAR, JOHN
625 MAIN STREET #20
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ZIGLAR, JOHN
Address: 625 MAIN STREET #20
City-St-Zip: WINDERMERE, FL 34786 US

Title: TRES () Delete
Name: MONTROY, KRISTIN
Address: 625 MAIN STREET #20
City-St-Zip: WINDERMERE, FL 34786 US

Title: SECT () Delete
Name: ZIGLAR, JENNIFER
Address: 625 MAIN STREET #20
City-St-Zip: WINDERMERE, FL 34786 US

Title: DIR () Delete
Name: ZIGLAR, JOHN
Address: 625 MAIN STREET #20
City-St-Zip: WINDERMERE, FL 34786 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SECT (X) Change () Addition
Name: FREEMYER, JENNIFER
Address: 625 MAIN STREET #20
City-St-Zip: WINDERMERE, FL 34786 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CHRM () Change (X) Addition
Name: CARDINALI, TONY
Address: 625 MAIN STREE #20
City-St-Zip: WINDERMERE, FL 34786 US

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: JOHN ZIGLAR

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date