2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# P06000156893

Entity Name: WISDOM AUTO INC.

Current Principal Place of Business:

1047 SW BILTMORE STREET
PORT ST LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

2892 SW WEST LOUISE CIR
PORT ST LUCIE, FL 34953

New Mailing Address:

5838 ITHACA CIR W
LAKE WORTH, FL 33463

FEI Number: 71-1018883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDMOND, JOHN
2892 SW W LOUISE CIR
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

NORZERON, SYMBOLE
5838 ITHACA CIR W
LAKE WORTH, FL 33463 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: NORZERON SYMBOLE 03/10/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: EDMOND, JOHN
Address: 2892 SW WEST LOUISE CIR
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP ( ) Delete
Name: NORZERON, SYMBOLE
Address: 5838 ITHACA CIR W
City-St-Zip: LAKE WORTH, FL 33463

Title: D ( ) Delete
Name: DESSOURCES, JAMES
Address: 919 S 25TH ST APT 2-10
City-St-Zip: FORT PIERCE, FL 34947

Title: D ( ) Delete
Name: JOSEPH, MARC A
Address: 7140 GLENWOOD DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: NORZERON SYMBOLE VP 03/10/2009
Electronic Signature of Signing Officer or Director Date