

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000041490

FILED
Apr 30, 2008
Secretary of State

Entity Name: THE WOOLLEY CORPORATION

Current Principal Place of Business:

117 EAST LAKE AVENUE
SUITE A
AUBURNDALE, FL 33823 US

Current Mailing Address:

117 EAST LAKE AVENUE
SUITE A
AUBURNDALE, FL 33823 US

New Principal Place of Business:

117 EAST LAKE AVENUE
SUITE C
AUBURNDALE, FL 33823 US

New Mailing Address:

117 EAST LAKE AVENUE
SUITE C
AUBURNDALE, FL 33823 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOVONI MANAGEMENT SERVICES, INC.
117 EAST LAKE AVENUE
SUITE A
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

GOVONI INTERNATIONAL, INC.
117 EAST LAKE AVENUE
SUITE C
AUBURNDALE, FL 33823 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: AMANDA JO NICHOLSON - PRESIDENT
Electronic Signature of Registered Agent

04/30/2008
Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WOOLLEY, MARTIN H
Address: CEDAR HOUSE, HARTLANDS HILL
City-St-Zip: MINSTERWORTH, GL GL2 8JY UK

Title: D () Delete
Name: WOOLLEY, VANESSA
Address: CEDAR HOUSE, HARTLANDS HILL
City-St-Zip: MINSTERWORTH, GL GL2 8JY UK

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: AMANDA-JO NICHOLSON
Electronic Signature of Signing Officer or Director

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04/30/2008
Date