2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# P07000054682

Entity Name: WHOLESALE PICTURE CLUB.COM INCORPORATED

Current Principal Place of Business:

1830 DEL PRADO BLVD
#5-6
CAPE CORAL, FL 33990 US

New Principal Place of Business:

Current Mailing Address:

1830 DEL PRADO BLVD
#5-6
CAPE CORAL, FL 33990 US

New Mailing Address:

FEI Number: 26-0244612 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HORSACK, LORNE
1830 DEL PRADO BLVD
#5-6
CAPE CORAL, FL 33990 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: P ( ) Delete
Name: HOSACK, LORNE
Address: 1830 DEL PRADO BLVD #5-6
City-St-Zip: CAPE CORAL, FL 33990 US

Title: VP ( ) Delete
Name: WALLACE, SCOTT A
Address: 11012 MILL CREEK WAY #2201
City-St-Zip: FT MYERS, FL 33913 US

Title: VP ( ) Delete
Name: HOSACK, BARBARA
Address: 1830 DEL PRADO BLVD #5-6
City-St-Zip: CAPE CORAL, FL 33990 US

Title: VP ( ) Delete
Name: WALLACE, BERNADETTE D
Address: 11013 MILL CREEK WAY #1203
City-St-Zip: FT MYERS, FL 33913 US

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: BARBARA HOSACK VP 04/21/2008

Electronic Signature of Signing Officer or Director Date