
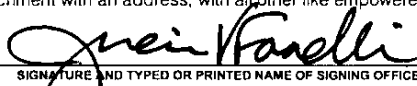


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90046 050 ***150.00

DOCUMENT # P07000057091 1. Entity Name WCAG MANAGEMENT CORPORATION					
Principal Place of Business 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716				Mailing Address 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-0163472	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BALLAST POINT GROUP LLC 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEMBLER, M. STEVEN 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D Sembler, M. Steven SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHADWICK, JAMES M 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D READER, PERRY 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Johnson, Darian W. 11300 4th St. N., Suite 200 St. Petersburg, FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Div. P Keene, Bruce 11300 4th St. N., Suite 200 St. Petersburg, FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DeFries, Jean 11300 4th St. N., Suite 200 St. Petersburg, FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Julie V. Fanelli 3/12/08 (727) 577-5522 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

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2008 Annual Report—cont.

10. Officers and Directors	11. Additions/ Changes to Officers and Directors in 10
<input type="checkbox"/> Delete	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ruppel, Chris 11300 4 th Street N., Suite 200 St. Petersburg, FL 33716
	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Slowik, Brian 11300 4 th Street N., Suite 200 St. Petersburg, FL 33716
	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mocsari, Richard 11300 4 th Street N., Suite 200 St. Petersburg, FL 33716
	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Fanelli, Julie V. 11300 4 th Street N., Suite 200 St. Petersburg, FL 33716

WCAG Management Corporation
#P07000057091