## 2008 FOR PROFIT CORPORATION

SIGNATURE:

## Mar 10, 2008 8:00 am Secretary of State **ANNUAL REPORT** 02-14-2008 90024 006 \*\*\*150.00 DOCUMENT # P07000062056 1. Entity Name WAHOO SOLUTIONS INC Principal Place of Business Mailing Address 860 HUDSON AVE 860 HUDSON AVE 66003016 SARASOTA, FL 34236 SARASOTA, FL 34241 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suita, Apt. #, etc. Suite, Apt. #, etc. 02012008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 26-0236839 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \_\_\_\_\_\_\_ 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent TERRIS, GORDON Street Address (P.O. Box Number is Not Acceptable) 860 HUDSON AVE SARASOTA, FL 34236 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 2/12/08 9. Election Campaign Financing \$5.00 May 80 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Change Addition DILE TITLE TERRIS, GORDON HAME MAME STREET ADDRESS 860 HUDSON AVE STREET ADDRESS SARASOTA, FL 34236 CITY - ST- ZIP CITY-SI-ZIP IME C Ordete ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-21P Delete TELL F THE \_\_\_ Change \_\_ \_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CI1Y-51-27P TIRE TITLE ☐ Defette ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-53-79P City-St-78 DILE October ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RITLE Oeteta IME ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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. 2/12/08 941 330 1640

**FILED**