

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000064037

FILED
May 06, 2008
Secretary of State

Entity Name: WOLFPACK ENTERPRISES OF TAMPA BAY, INC.

Current Principal Place of Business:

7702 DELTA QUEEN LANE
TAMPA, FL 336376572

New Principal Place of Business:

1005 W BUSCH BLVD #107
TAMPA, FL 33612

Current Mailing Address:

7702 DELTA QUEEN LANE
TAMPA, FL 336376572

New Mailing Address:

FEI Number: 26-0299732 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMOTT, BRENDA G
7702 DELTA QUEEN LANE
TAMPA, FL 336376572 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: D () Delete
Name: DEMOTT, BRENDA G
Address: 7702 DELTA QUEEN LANE
City-St-Zip: TAMPA, FL 336376572

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D () Change (X) Addition
Name: DEMOTT, MICHAEL
Address: 1005 W BUSCH BLVD
City-St-Zip: TAMPA, FL 33612

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: MICHAEL DEMOTT

D

05/06/2008

Electronic Signature of Signing Officer or Director

Date