2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 03, 2008 8:00 am
Secretary of State
01-17-2008 90021 036 ***150.00

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1. Entity Name
WHO TO ASK INC.

66001932

01122008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
10452 TAFT ST PEMBROKE PIENS, FL 33026 PINES	10452 TAFT ST PEMBROKE PIENS, FL 33026 PINES

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10452 TAFT STREET	10452 TAFT ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL	City & State: PEMBROKE PINES, FL
Zip: 33026 Country	Zip: 33026 Country

4. FEI Number: 26-0472056 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WRIGHT, JOHN 10452 TAFT ST PEMBROKE ~~PIENS~~ PINES, FL 33026	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Electron Campaign Financing Trust Fund Contribution. ☐ **$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	PSTD WRIGHT, JOHN PINES 10452 TAFT ST PEMBROKE PIENS, FL 33026	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WRIGHT, JOHN 10452 TAFT ST PINES PEMBROKE ~~PIENS~~, FL 33026	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: John Wright JOHN WRIGHT 1/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #