

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000001741

Entity Name: W O V ENTERPRISES, INC.

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

9827 HERON POINTE DRIVE  
ORLANDO, FL 32832

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 4894  
WINTER PARK, FL 32793 US

## New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OLLIVIERRE, ANNETTE A CPA  
9827 HERON POINTE DRIVE  
ORLANDO, FL 32832 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: OLLIVIERRE, ANNETTE A  
Address: 9827 HERON POINTE DRIVE  
City-St-Zip: ORLANDO, FL 32832 US

Title: VP ( ) Delete  
Name: CYRUS, ERRIN L  
Address: 10522 TRUXTON ROAD  
City-St-Zip: ADELPHI, MD 20783 US

Title: CFO ( ) Delete  
Name: JAMES, RENA  
Address: 2480 16TH STREET, STE 812  
City-St-Zip: WASHINGTON, DC 20009 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:

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: ANNETTE AGNETTA OLLIVIERRE

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date