2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P93000012617

Entity Name: WOLF WPC INCORPORATED

FILED Jul 31, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3047 -4 ST. JOHNS BLUFF ROAD SOUTH JACKSONVILLE, FL 32246 US

Current Mailing Address: New Mailing Address:

3047 -4 ST. JOHNS BLUFF RD. S. JACKSONVILLE, FL 32246 US

FEI Number: 59-3163947 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, JAMES H 3047-4 ST. JOHNS BLUFF RD. S. JACKSONVILLE, FL 32246 US

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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D () Delete	Title:	() Change () Addition
Name:	WRIGHT, WILLIAM B	Name:	
Address:	512 COMMONWEALTH ROAD	Address:	
City-St-Zip:	MOUNT PLEASANT, SC 29466 US	City-St-Zip:	
Title:	P () Delete	Title:	() Change () Addition
Name:	CHRISTOPHER, WILLIAM R	Name:	
Address:	345 RICE BAY DRIVE	Address:	
City-St-Zip:	MOUNT PLEASANT, SC 29464 US	City-St-Zip:	
Title:	S () Delete	Title:	()Change ()Addition
Name:	ANDERSON, WILLIAM S	Name:	
Address:	5 BRIGANTINE COURT	Address:	
City-St-Zip:	SAVANNAH, GA 31410 US	City-St-Zip:	
Title:	T () Delete	Title:	()Change ()Addition
Name:	JOHNSON, JAMES H	Name:	
Address:	3047-4 ST. JOHNS BLUFF ROAD SOUTH	Address:	
City-St-Zip:	JACKSONVILLE, FL 32246 US	City-St-Zip:	
Title:	D () Delete	Title:	V (X) Change () Addition LIN, GUOMING
Name:	LIN, GUOMING	Name:	

 Address:
 211 LYMAN HALL ROAD
 Address:
 211 LYMAN HALL ROAD

 City-St-Zip:
 SAVANNAH, GA 31410 US
 City-St-Zip:
 SAVANNAH, GA 31410 US

Title: D () Delete Title: () Change () Addition

 Name:
 LIPKA, DAVID S
 Name:

 Address:
 325 QUILL LANE
 Address:

 City-St-Zip:
 MATTHEWS, NC 28105 US
 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: JAMES H. JOHNSON T 07/31/2007