


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90288 040 ***150.00

DOCUMENT # P93000057967 1. Entity Name WHEELED COACH ENTERPRISES, INC.	
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Principal Place of Business 2737 N FORSYTH RD WINTER PARK, FL 32792	Mailing Address 2737 N FORSYTH RD WINTER PARK, FL 32792
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

03112005 Chg-P CR2E034 (10/03)

4. FEI Number
 59-3205527

5. Certificate of Status Desired \$8.75 Additional Fee Required

Applied For
 Not Applicable



6. Name and Address of Current Registered Agent COLLINS, DON L 157 E NEW ENGLAND AVE STE 364 WINTER PARK, FL 32789-7007	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE C	COLLINS, DON L. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	157 E NEW ENGLAND AVE, STE 364	NAME	
STREET ADDRESS	WINTER PARK, FL 32789	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VTD	COLLINS, DONALD L. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15 COMPOUND DRIVE	NAME	
STREET ADDRESS	HUTCHINSON, KS 67502	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE SVFD	SAYRE, LARRY W <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15 COMPOUND DRIVE	NAME	
STREET ADDRESS	HUTCHINSON, KS 67502	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE AS	CLARK, TERRY L <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15 COMPOUND DRIVE	NAME	
STREET ADDRESS	HUTCHINSON, KS 67502	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE P	COLLINS, ROBERT J <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2737 N FORSYTH RD	NAME	
STREET ADDRESS	WINTER PARK, FL 32792	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 qualify for the exemption stated in Section 119.07(3)(i), 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: Donald Lynn Collins Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR