


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**


04-23-2007 90089 023 \*\*\*150.00

<b>DOCUMENT # P93000057967</b>	
1. Entity Name <b>WHEELED COACH ENTERPRISES, INC.</b>	

Principal Place of Business <b>2737 N FORSYTH RD WINTER PARK, FL 32792</b>	Mailing Address <b>2737 N FORSYTH RD WINTER PARK, FL 32792</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**10010101**



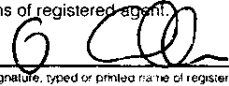
01112007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3205527</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>COLLINS, DON L</b> <b>157 E NEW ENGLAND AVE</b> <b>STE 364</b> <b>WINTER PARK, FL 32789-7007</b>	

7. Name and Address of New Registered Agent	
Name <b>ROBERT COLLINS</b>	
Street Address (P.O. Box Number is Not Acceptable)	
<b>2737 N. FORSYTH RD.</b>	
City <b>WINTER PARK</b>	FL Zip Code <b>32792</b>

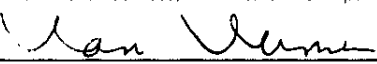
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Robert Collins** **4/5/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>COLLINS, DON L.</b> <b>157 E NEW ENGLAND AVE, STE 364</b> <b>WINTER PARK, FL 32789</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RANDALL SWIFT</b> <b>15 COMPOUND DR.</b> <b>HUTCHINSON, KS 67502</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <b>COLLINS, DONALD L.</b> <b>15 COMPOUND DRIVE</b> <b>HUTCHINSON, KS 67502</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>KENNETH DABROWSKI</b> <b>5065 LONE PINE LANE</b> <b>BLOOMFIELD HILLS, MI 48302</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COLLINS, ROBERT J</b> <b>2737 N FORSYTH RD</b> <b>WINTER PARK, FL 32792</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTSD</b> <b>JOHN BECKER</b> <b>588 SE VISTA DR</b> <b>NEW PORT, OR 97365</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVFD</b> <b>GLASNER, CLETUS</b> <b>15 COMPOUND DR</b> <b>HUTCHINSON, KS 67502</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VF</b> <b>HANS HEINSEN</b> <b>15 COMPOUND DR.</b> <b>HUTCHINSON, KS 67502</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHN QUICKE</b> <b>11 STONEY HOLLOW RD</b> <b>CHAPPAQUA, NY 10514</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KENNETH KERMES</b> <b>26 E. HILL WAY</b> <b>WAKEFIELD, RI 02879</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:  **Hans Heinsen** **4/11/07** **620-663-5551**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #