2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P93000057967

Entity Name: WHEELED COACH ENTERPRISES, INC.

Current Principal Place of Business:

2737 N FORSYTH RD
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

2737 N FORSYTH RD
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 59-3205527 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLINS, ROBERT
2737 N. FORSYTH RD
WINTER PARK, FL 32792 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SWIFT, RANDALL
Address: 15 COMPOUND DR.
City-St-Zip: HUTCHINSON, KS 67502

Title: CD ( ) Delete
Name: DABROWSKI, KENNETH
Address: 5065 LONE PINE LANE
City-St-Zip: BLOOMFIELD HILLS, MI 48302

Title: VSTD ( ) Delete
Name: BECKER, JOHN
Address: 588 SE VISTA DR
City-St-Zip: NEWPORT, OR 97365

Title: VF ( ) Delete
Name: HEINSEN, HANS
Address: 15 COMPOUND DR
City-St-Zip: HUTCHINSON, KS 67502

Title: D ( ) Delete
Name: QUICKE, JOHN
Address: 11 STONEY HOLLOW RD
City-St-Zip: CHAPPAQUA, NY 10514

Title: D ( ) Delete
Name: KERMES, KENNETH
Address: 26 E. HILL WAY
City-St-Zip: WAKEFIELD, RI 02879

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:

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: SCOTT L. BARNES VP 03/24/2009

Electronic Signature of Signing Officer or Director Date