2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# P94000041810

Entity Name: WG2, INC.

Current Principal Place of Business:

100 E SYBELIA AVE
STE 120
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

100 E SYBELIA AVE
STE 120
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: 59-3246836 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAGLE, MARC L
100 E SYBELIA AVE STE 120
MAITLAND, FL 32751 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: DVPT ( ) Delete
Name: KRUMM, WALTER T
Address: 985 BETHEL ROAD
City-St-Zip: COLUMBUS, OH

Title: DPS ( ) Delete
Name: HAGLE, MARC L
Address: 100 E SYBELIA AVE #120
City-St-Zip: MAITLAND, FL

Title: AS ( ) Delete
Name: LANGFORD, SHARON
Address: 100 EAST SYBELIA AVE #120
City-St-Zip: MAITLAND, FL

Title: AS ( ) Delete
Name: POWERS, VIVIAN
Address: 100 E SYBELIA AVE #120
City-St-Zip: MAITLAND, FL

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:

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: VIVIAN POWERS AS 03/30/2009

Electronic Signature of Signing Officer or Director Date