2007 FOR PROFIT CORPORATION

FILED Jul 18, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P94000048005 1. Entity Name 07-18-2007 90047 021 ***150 00 WHARTON ENTERPRISES, INC. Principal Place of Business Mailing Address 339 PARK ST 339 PARK ST dalvana JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 US US CR2E034 (11/05) 07102007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEi Number Applied For 59-3250495 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PETERSON, JEANINE M DO NOT WRITE 4208 S. RESERVOIR LANE JACKSONVILLE, FL 32223 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstitting) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Due by September 14, 2007 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. D-President TITLE -10090 PETERSON, JEANINE M STREET ADDRESS 4208 S. RESERVOIR LANE JACKSONVILLE, FL 32223 CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

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

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE

SIGNATURE AND