


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90025 044 \*\*\*150.00

DOCUMENT # P94000074552

1. Entity Name  
 WIRE FOX, INC.



Principal Place of Business 1865 N WICKHAM RD A MELBOURNE, FL 32935 US	Mailing Address 1865 N WICKHAM RD A MELBOURNE, FL 32935 US
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**DO NOT WRITE IN THIS SPACE**

40022031



02122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3271996	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRAIG, STEPHEN R  
 1865 N WICKHAM RD  
 MELBOURNE, FL 32935

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CRAIG, STEPHEN R. 2525 CHAPPARAL DR. MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CRAIG, LOUISE E. 2525 CHAPPARAL DR. MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 address, with all other like empowered.

SIGNATURE: LOUISE E. CRAIG LOUISE E. CRAIG 2/12/07 321-253-5756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #