## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** FILED Apr 30, 2007 08:00 A Secretary of State DOCUMENT # P96000038944 WINGHOUSE III, INC. Principal Place of Business Mailing Address 7491 ULMERTON RD 7491 ULMERTON RD LARGO, FL 33771 US LARGO, FL 33771 US 04242007 No Chq-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3388447 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KER, CRAWFORD DO NOT WRITE 7491 ULMERTON RD IN THIS SPACE LARGO, FL 33771 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME KER, CRAWFORD 214 HARBORVIEW LANE STREET ADDRESS U000000741498 LARGO, FL 33770 CITY-ST-ZIP 05/15/07-80031-010 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 trusted elegations with all that this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if n address, with all other like empowe changed, or on an attachment with

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR