2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000008249

Entity Name: WANDERING HAZEL TOURING, INC.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	OGLE MAN ROAD LLE, GA 30222	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	MAN ROAD LLE, GA 30222	US			
FEI Number:	59-3427469	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
GREENVIL	MAN ROAD LLE, FL 30222	US	rnose of changing its register	ed office or registered agent, or both,	
	of Florida.	abilities this statement for the pa	repose of changing its register	ed office of registered agent, or both,	
SIGNATUF	RE:				
	Electroni	c Signature of Registered Ager	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () TROJANOWSKI C/O 1785 HARM GREENVILLE, G	IAN ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () BLOCK, KEN C/O 1785 HARM GREENVILLE, G		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () BERES, JEFF C/O 1785 HARM GREENVILLE, G		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () NEWELL, RYAN C/O 1785 HARM GREENVILLE, G	IAN ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () COPELAND, AN C/O 1785 HARM GREENVILLE, G	IAN ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: MARK TROJANOWSKI D 03/24/2009