

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000014921

Entity Name: WOLF DATA SYSTEMS, INC.

FILED  
Sep 16, 2008  
Secretary of State

## Current Principal Place of Business:

4641 JORGENSEN RD  
FORT PIERCE, FL 34981 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 7550  
PORT ST. LUCIE, FL 34985 US

## New Mailing Address:

4641 JORGENSEN RD  
FORT PIERCE, FL 34981 US

FEI Number: 65-0729244

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: GALLAGHER, TINA-MARIE  
Address: 1985 SE DOVERBROOK ST.  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VP ( ) Delete  
Name: GALLAGHER, MARK  
Address: 1985 SE DOVERBROOK ST.  
City-St-Zip: PORT ST. LUCIE, FL 34983

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: GALLAGHER, TINA-MARIE  
Address: 4641 JORGENSEN RD  
City-St-Zip: FORT PIERCE, FL 34981

Title: VP (X) Change ( ) Addition  
Name: GALLAGHER, MARK  
Address: 4641 JORGENSEN RD  
City-St-Zip: FORT PIERCE, FL 34981

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: TINA GALLAGHER

P

09/16/2008

Electronic Signature of Signing Officer or Director

Date