

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000014921

Entity Name: WOLF DATA SYSTEMS, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

4641 JORGENSEN RD
FORT PIERCE, FL 34981 US

New Principal Place of Business:

Current Mailing Address:

4641 JORGENSEN RD
FORT PIERCE, FL 34981 US

New Mailing Address:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/28/2009

Electronic Signature of Signing Officer or Director

Date