


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000029308 1. Entity Name WENDOVER MANAGEMENT, INC.	
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Principal Place of Business 615 CRESCENT EXECUTIVE CT STE 120 LAKE MARY, FL 32746 US	Mailing Address 615 CRESCENT EXECUTIVE CT STE 120 LAKE MARY, FL 32746 US
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03232006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3437544	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GRAY, N. DWAYNE JR. 201 EAST PINE STREET, SUITE 500 ORLANDO, FL 32801

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	DVT WOLF, JONATHAN 615 CRESCENT EXECUTIVE CT, STE 120 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BORCK, TODD L 615 CRESCENT EXECUTIVE CT, STE 120 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LAW, PATRICK E 615 CRESCENT EXEC. CT. SUITE 120 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/06-80124-008 150.00

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Todd L. Borck

4/17/06 *(407)333-1440*
Date Daytime Phone #