2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2007 8:00 am Secretary of State

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DOCUMENT # P97000091738 1. Entity Name WHO'S 4, INC.					1	02-14-2007 9	-		
Principal Place	o of Business	Maline Address		<u> </u>	4001	,,,,,			
Principal Place of Business Mailing Addres					1002	-			
	ERAL HWY #5		3035 S FEDERAL HWY #5						
DETKAA REVI	CH, FL 33444	DELRAY BEACH, FL 3	3444						
					118811881118		ISHA 86310 (1366 310)1 J	0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1001 (1) (100)
2 Oringinal P	face of Business - No P.O. Box #	3. Mailing Address							
z. Filicipai F	iace of business - No P.O. Bux #	3. Mailing Address						1816 1 1	
Suite, Apt.	# etc	Suite, Apt. #, etc.			\dashv				
Gono, Apr.	n, 6.6.	dute, Apr. 31, die.		01262007	Chg-P	CR2E034	(12/06)		
City & State	^	City & State			4. FEI Numbe			T An	plied For
City & Olali	e	Oity & State	ty & State		65-078			_ _	t Applicable
Zip	Country	Zip	Cour	itrv				8.75 Add	
Σip	Coorning	2.19	001	,	5. Certificate	of Status Desired		e Require	
	6. Name and Address of Curren	t Registered Agent		1	7. Name and	Address of New			
	o, Hange one Address of Current	t rogistor ou rigorii		Name					
RIELLO, JO	OF								
	MANDA DRIVE			Street Address (P.O. Box Number is Not Acceptable)					
	BEACH, FL 33483			\					
	* · *								
				City	<u>,, , , , , , , , , , , , , , , , , , ,</u>	-	FL	Zip Code	•
	named entity submits this statement (<u> </u>					
the obligat	ions of registered agent. Signature, typed or printed name of registered agent	nt and title if applicable. (NC	TE: Registere	id Agent signature requ	iked when reinstating)		DATE	<u>-</u>	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Camp Trust Fund Cor	•		55.00 May Be added to Fees				
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/	CHANGES TO O	FFICERS AND D	IRECTOR:	S IN 11
TITLE	P ×	☐ Delete	TITL	Ε				Change	Addition
NAME	RIELLO, JOE		NAM	IE .					
STREET ADDRESS	963 ALLAMANDA DRIVE	15	STR	EET ADDRESS					
CITY-ST-ZIP	DELRAY BEACH, FL 33483	!	CiTY	-S1-ZIP					
TITLE		☐ Delete	TITL	E	-			Change	☐ Addilion
NAME)		NAM	ì				- •	
STREET ADDRESS			STR	EET ADDRESS					
CITY-ST-ZIP			City	'-ST-ZIP					
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NAME			NAM	l l			•		
STREET ADDRESS	Į.		STR	EET ADDRESS					
CITY-ST-ZIP			CITY	7-ST-2IP					
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITL	F				Change	Addition
NAME		Desete	NAM				•		
STREET ADDRESS			1	EET ADDRESS					
CITY-ST-ZIP			4	(-ST-ZIP					
			7170					Chenna	Addition
TITLE NAME	1	☐ Delete	TITL NAA	1			l	Change	Addition Addition
STREET ADDRESS	1	;		EET ADDRESS					
CITY-ST-ZIP		1		-ST-ZIP					
									
TITLE		☐ Delete	THIL				I	Change	Addition
NAME	1		NAA	I .					
STREET ADDRESS				EET ADORESS					
CITY-ST-ZIP	<u> </u>		I	r-ST-ZIP					
12. I hereby indicated	certify that the information supplied w fon this report or supplemental report	ith this filing does not qualify is true and that	for the ex	emptions contain	ned in Chapter 119 he same legal effec), Florida Statute:	s. I further certifier path; that the	that the in	nformation or director

2. I nefeby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is 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.

SIGNAT	URI	(X)	4	re
			/sk	SNAT

J. Riello, President

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



2/11/07

561-276-7888

Date

Daytime Phone #