## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000003038

Entity Name: WIZARDS OF OS DESIGN GROUP, INC.

FILED Apr 24, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

6630 SW 112 PLACE 1170 N. FEDERAL HWY

MIAMI, FL 33173 #1104

FORT LAUDERDALE, FL 33304

**Current Mailing Address:** New Mailing Address:

6630 SW 112 PLACE 1170 N. FEDERAL HWY

MIAMI, FL 33173 #1104

FORT LAUDERDALE, FL 33304

FEI Number: 65-0893988 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROGGE, JULIE K KNAUF, MICHAEL B 6630 SW 112 PLACE 1170 N. FEDERAL HWY

MIAMI, FL 33173 #1104 FORT LAUDERDALE, FL 33304 US

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: MICHAEL B. KNAUF 04/24/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition KNAUF, MICHAEL KNAUF, MICHAEL B Name: Name:

1170 N. FEDERAL HWY, #1104 1170 N. FEDERAL HWY, #1104 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33304 City-St-Zip: FORT LAUDERDALE, FL 33304

( ) Delete Title: STD Title: STD (X) Change ( ) Addition

ROGGE, JULIE K Name: Name: ROGGE, JULIE K 6630 SW 112 PL Address: 304 KING STREET Address: MIAMI, FL 33173 SANTA CRUZ, CA 95060 City-St-Zip: 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: MICHAEL B. KNAUF PD 04/24/2008