2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000105319

1. Entity Name
WNB EQUITIES, INC.



FILED Apr 15, 2008 08:00 A Secretary of State

Principal Place of Business

THE KRESS BUILDING, SUITE 202 475 CENTRAL AVENUE ST. PETERSBURG, FL 33701 US Mailing Address

C/O ERNEST L. MASCARA, P.A. 475 CENTRAL AVENUE, SUITE 202 ST. PETERSBURG, FL 33701 US



DO NOT WRITE IN THIS SPACE

04142008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-3614526 Not Applicable

5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

MASCARA, ERNEST L. THE KRESS BUILDING, SUITE 202 475 CENTRAL AVENUE ST. PETERSBURG, FL 33701

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 | | | | | |
|--|--|---|-------------------|--------------------------------|---|
| | | | l Agent signature | required when remaining) | DATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | CTORS | 1 | | |
| THLE NAME STREET ADDRESS CITY-ST-ZIP | PVTS BALL, RONALD W 475 CENTRAL AVENUE, SUITE 202 SAINT PETERSBURG, FL 33701 | | | | U00000898486 04/25/08-80087-016 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VO MASCARA, ERNEST L 475 CENTRAL AVENUE, SUITE 202 SAINT PETERSBURG, FL 33701 | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-7/P | | | | | |
| 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 | | | | | |

12. I hereby 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 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 D

4/14/08

Daytime Phone #