

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S08258

FILED
Jan 11, 2008
Secretary of State

Entity Name: WTS, INC.

Current Principal Place of Business:

2785 SE ST. LUCIE BLVD
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1668
STUART, FL 34995 US

New Mailing Address:

2785 S.E. ST. LUCIE BLVD.
STUART, FL 34997 US

FEI Number: 65-0221897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFF, CHARLES L., JR.
2785 SE ST. LUCIE BLVD.
STUART, FL 34997 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: DP () Delete
Name: WOLFF, BONNY L.,
Address: 2785 SE ST. LUCIE BLVD.
City-St-Zip: STUART, FL

Title: DV () Delete
Name: WOLFF, CHARLES L., J, R.
Address: 2785 SE ST. LUCIE BLVD.
City-St-Zip: STUART, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WOLFF, BONNY L.,
Address: 2785 SE ST. LUCIE BLVD.
City-St-Zip: STUART, FL 34997 US

Title: DV (X) Change () Addition
Name: WOLFF, CHARLES L., J, R.
Address: 2785 SE ST. LUCIE BLVD.
City-St-Zip: STUART, FL 34997 US

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: BONNY L. WOLFF

OFFI

01/11/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date