2008 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT				Mar 14, 2008 08:00 AN					
1. Entity Nam	MENT # S52867					Secretary of State			
THE WAC	GNER GROUP, INC.				•				
Principal Plac	e of Business	Mailing Address			•				
3390 SW 13 DAVIE, FL 3		3390 SW 131 TERRACE DAVIE, FL 33330							
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	6. Name and Address of Current R	egistered Agent	a for the first fifty for the first of the f	Andreas .	Maria Santaga	1,15	Sport of the William		
WAGNER, PHYLLIS A. 3390 SW 131 TERRACE DAVIE, FL 33330			The state of the s	DO INT	NOT W	RITE			
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	named entity submits this statement for lions of registered agent.	the purpose of changing its register	ed office or register	ed agent, or bot	h, in the State of Flo	rida. I am famili	ar with, and accept		
_	iona or rogistored agent.						,		
SIGNATURE_	Signature, typed or printed name of registered agent ar	d little if applicable. (NOTE: Registers	id Agent signature required	where reinstating)		DATE			
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaign Final Trust Fund Contribution.		00 May Be ed to Fees					
10.	OFFICERS AND D	IRECTORS	des to Friendleson.	Mart I am Autor	mar manar program is stated	Walk time character of the	The State of the State of		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WAGNER, PHYLLIS A. 3390 SW 131 TERRACE DAVIE, FL					Plan feet fan 't 'e ste felin feet in 't 'e fêr' de groei 'e ste feet feet de feet feet in 'e 't	And the state of t		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			North Williams	Secondary			with the second		
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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

M JOSEPH NAKUER IN ALVER OF PRINTED NAME OF SEGNING OFFICER OR DIRECTOR

954-370-7989

Daysime Phone #