

**2010 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**



① CORPORATION NAME  
WWP Strategies Incorporated

DUE DATE 01/29/10

② VA REGISTERED AGENT NAME AND OFFICE ADDRESS DIR  
KATHRYN PACKER

SCC ID NO 0688112-2

66 CANAL CENTER PLAZA STE 555

⑤ STOCK INFORMATION

ALEXANDRIA, VA 22314

CLASS	AUTHORIZED
COMMON	25,000

③ CITY OR COUNTY OF VA REGISTERED OFFICE  
200-ALEXANDRIA CITY

④ STATE OR COUNTRY OF INCORPORATION  
VA-VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE Carefully read the attached instruction sheet Type or print in black only If item ⑥ is blank or incorrect, you must add or change the principal office address where indicated If item ⑦ is blank or incorrect, you must add or change the director and officer information where indicated

⑥ PRINCIPAL OFFICE ADDRESS

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below
ADDRESS 66 CANAL CENTER PLAZA, #555	ADDRESS
CITY/ST/ZIP ALEXANDRIA, VA 22314	CITY/ST/ZIP

⑦ DIRECTORS AND PRINCIPAL OFFICERS

All directors and principal officers must be listed  
An individual may be designated as both a director and an officer

Mark appropriate box unless area below is blank <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input checked="" type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME CORPORATION HAS	NAME
TITLE NO	TITLE
ADDRESS OFFICERS	ADDRESS
CITY/ST/ZIP ALEXANDRIA, VA 22314	CITY/ST/ZIP

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE

*Kathryn Packer*  
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

KATHRYN PACKER PRESIDENT  
PRINTED NAME AND CORPORATE TITLE

12/4/09  
DATE

# 2010 ANNUAL REPORT CONTINUED

CORPORATION NAME  
WWP Strategies Incorporated

DUE DATE: 01/29/10  
SCC ID NO.: 0688112-2

⑦ DIRECTORS AND PRINCIPAL OFFICERS (continued)

All directors and principal officers must be listed  
An individual may be designated as both a director and an officer

Mark appropriate box unless area below is blank <input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data please mark appropriate box and enter information below <input type="checkbox"/> Correction <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>  NAME KATHRYN PACKER TITLE DIRECTOR ADDRESS 66 CANAL CENTER PLAZA STE 555 CITY/ST/ZIP ALEXANDRIA, VA 22314	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>  NAME <i>KATHRYN PACKER</i> TITLE <i>Officer / Director - President</i> ADDRESS <i>66 Canal Center Plaza Ste 555</i> CITY/ST/ZIP <i>Alexandria, VA 22314</i>
Mark appropriate box unless area below is blank <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data please mark appropriate box and enter information below <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>  NAME LORINDA WORTZ TITLE DIRECTOR ADDRESS 4144 MERIDIAN RD CITY/ST/ZIP OKEMOS, MI 48864	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>  NAME TITLE ADDRESS CITY/ST/ZIP
Mark appropriate box unless area below is blank <input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data please mark appropriate box and enter information below <input type="checkbox"/> Correction <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>  NAME FRED WSZOLEK TITLE DIRECTOR ADDRESS 3014 ION AVE CITY/ST/ZIP SULLIVANS ISLAND, SC 29482	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>  NAME <i>Fred Wszolek</i> TITLE <i>Officer / Director - Treasurer</i> ADDRESS <i>3014 Ion Ave.</i> CITY/ST/ZIP <i>Sullivan's Island, SC 29482</i>
Mark appropriate box unless area below is blank <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data please mark appropriate box and enter information below <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>  NAME TITLE ADDRESS CITY/ST/ZIP	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>  NAME TITLE ADDRESS CITY/ST/ZIP