


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90231 019 \*\*\*150.00

<b>DOCUMENT # 688005</b>					
1. Entity Name <b>WILSON MANAGEMENT COMPANY</b>					
Principal Place of Business <b>655 NORTH FRANKLIN STREET SUITE 2200 TAMPA, FL 33602</b>			Mailing Address <b>655 NORTH FRANKLIN STREET SUITE 2200 TAMPA, FL 33602</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>NOT APPLICABLE</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>STOREY, BRENDA H 655 N FRANKLIN STREET, STE 2200 TAMPA, FL 33602</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>WILSON, CAROLYN M</b>	NAME	<b>Clay Wilson</b>		
STREET ADDRESS	<b>655 NORTH FRANKLIN STREET, SUITE 2200</b>	STREET ADDRESS	<b>655 N. Franklin St. Suite 2200</b>		
CITY-ST-ZIP	<b>TAMPA, FL 33602</b>	CITY-ST-ZIP	<b>Tampa, FL 33602</b>		
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WILSON, ASHLEY</b>	NAME			
STREET ADDRESS	<b>655 NORTH FRANKLIN STREET, SUITE 2200</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA, FL 33602</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HANERFELD, BARRY</b>	NAME			
STREET ADDRESS	<b>655 NORTH FRANKLIN STREET, SUITE 2200</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA, FL 33602</b>	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>FINCH, LARRY J</b>	NAME			
STREET ADDRESS	<b>655 NORTH FRANKLIN STREET, SUITE 2200</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA, FL 33602</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HAMMOND, STEVEN</b>	NAME			
STREET ADDRESS	<b>655 NORTH FRANKLIN STREET, SUITE 2200</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA, FL 33602</b>	CITY-ST-ZIP			
TITLE	CFOS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>STOREY, BRENDA H</b>	NAME			
STREET ADDRESS	<b>655 NORTH FRANKLIN STREET, SUITE 2200</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA, FL 33602</b>	CITY-ST-ZIP			
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 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: <i>Brenda H. Storey</i>			APR 19 2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
<b>Brenda H. Storey</b>			Daytime Phone #		
<b>Chief Financial Officer</b>					

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