

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90030 016 ***150.00

DOCUMENT # J10373
 1. Entity Name
WILROSE ENTERPRISES, INC.



40044000

Principal Place of Business
 198 WINDING RIVER RD
 WELLESLEY, MA 02482 US

Mailing Address
 198 WINDING RIVER RD
 WELLESLEY, MA 02482 US



2. Principal Place of Business - No P.O. Box #
 3. Mailing Address

Suite, Apt. #, etc.
265 Nahanton Street

03152007 Chg-P CR2E034 (12/06)

City & State
Newton, MA

4. FEI Number
59-2661405

Applied For
 Not Applicable

Zip
02459

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SILVERSTEIN, CAROL
 3100 SOUTH OCEAN BLVD.
 #201
 PALM BEACH, FL 33480

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	ROSENBERG, DONALD 198 WINDING RIVER RD WELLESLEY, MA 02482	TITLE Rosenberg, Donald	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		STREET ADDRESS 265 Nahanton St.	
STREET ADDRESS		CITY - ST - ZIP Newton, MA 02459	
CITY - ST - ZIP			
TITLE D	SILVERSTEIN, CAROL 198 WINDING RIVER RD WELLESLEY, MA 02482	TITLE Silverstein, Carol	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		STREET ADDRESS 26 3100 S. Ocean Blvd. # 201	
STREET ADDRESS		CITY - ST - ZIP Palm Beach, FL 33480	
CITY - ST - ZIP			
TITLE VPS	SILVERSTEIN, CAROL 3100 S. OCEAN BLVD., #201 PALM BEACH, FL 33480	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: DATE: 3/15/07 DAYTIME PHONE #: 617-429-0456