2006 FOR PROFIT CORPORATION

SIGNATURE:

Apr 20, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P00000076525** 04-20-2006 90200 028 ***150.00 1. Entity Name WILTON MANORS STREET SYSTEMS, INC. Mailing Address 2987 CENTER Principal Place of Business 1987 CENTER FORT VANDDAZ. 3100 W. STATE ROAD 84 CIRCLE 3 SUITE 409 3100 W. STATE BOAD 84 CIRCLE SUITE 408 POMPAUS BEACH, FL. FORT LAUDERDALE, FL. 33312 3-2004 SUITE 409 **EORT LAUDERDALE** 01192006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3665465 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUTLEDGE, GARY R DO NOT WRITE 215 S MONROE ST, STE 420 TALLAHASSEE FL 32301 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE RUTLEDGE, GARY R NAME 215 S MONROE ST. STE 420 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 323011841 TITLE HARDIN, DANIEL L NAME STREET ADDRESS 3100 W. STATE ROAD 84, SUITE 409 CITY-ST-ZIP FORT LAUDERDALE, FL 33312 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 occurate 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED