

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000110544

Entity Name: AMANDA WILSON, P.A.

FILED
Feb 16, 2007
Secretary of State

Current Principal Place of Business:

900 SOUTHWEST 12 STREET
SUITE 203
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

900 SOUTHWEST 12 STREET
SUITE 203
FORT LAUDERDALE, FL 33315

New Mailing Address:

FEI Number: 27-0131522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, AMANDA
900 SOUTH WEST 12TH STREET
SUITE 203
FORT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: WILSON, AMANDA
Address: 900 SOUTH WEST 12TH STREET, SUITE 203
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: VP (X) Delete
Name: FARIELLO, SUE
Address: 900 SOUTH WEST 12TH STREET, SUITE 203
City-St-Zip: FORT LAUDERDALE, FL 33315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMANDA WILSON

PRES

02/16/2007

Electronic Signature of Signing Officer or Director

Date