


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000018079
 1. Entity Name
 2039 WILSON BOULEVARD INC.



Principal Place of Business _____ Mailing Address _____
 1801 HERMITAGE BOULEVARD 1801 HERMITAGE BOULEVARD
 SUITE 600 SUITE 600
 TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-2584804 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DAVIE E. TODD
 1801 HERMITAGE BOULEVARD
 STE 100
 TALLAHASSEE, FL 32308

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DVAT
NAME	GRAY, LYNNE M
STREET ADDRESS	1801 HERMITAGE BLVD SUITE 600
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	VS
NAME	FARALDO, MARK P
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY SUITE 800
CITY-ST-ZIP	DALLAS, TX 75231
TITLE	V
NAME	SMITH, ERIC R
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY SUITE 800
CITY-ST-ZIP	DALLAS, TX 75231
TITLE	VAST
NAME	WEAVER, REGINA
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY, STE 800
CITY-ST-ZIP	DALLAS, TX 75231
TITLE	D
NAME	BENNETT, DOUGLAS
STREET ADDRESS	1801 HERMITAGE BLVD STE 600
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	P
NAME	SMITH, G ANDREWS
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY, SUITE 800
CITY-ST-ZIP	DALLAS, TX 75231

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 02/02/05-80015-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mark P. Faraldo Mark P. Faraldo 1/25/05 2149810800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #