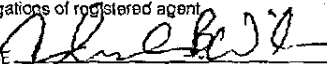
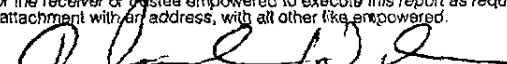


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000006417		
1. Entity Name WILSON FIRST MORTGAGE, INC.		
Principal Place of Business 519 HERITAGE ROAD, STE. 2A-5 SOUTHURY, CT 06488		Mailing Address 519 HERITAGE ROAD, STE. 2A-5 SOUTHURY, CT 06488
DO NOT WRITE IN THIS SPACE		
		04262006 No Chg-P CR2E034 (11/05)
4. FEI Number 06-1526764		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WILSON, CHARLES B 515 SEABREEZE BLVD., STE. 529 FORT LAUDERDALE, FL 33316		DO NOT WRITE 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  Charles B. Wilson 4/26/2006 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000543361 05/10/06-80135-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCSD WILSON, CHARLES 40 HULLS HILL ROAD SOUTHURY, CT 06488	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCT WILSON, BONNIE 40 HULLS HILL ROAD SOUTHURY, CT 06488	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Charles Wilson		4/26/2006 203 262-6511 Date Daytime Phone