## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam DOUGLA	S WILSON COMPANIES INC		FILED Aug 29, 2008 08:00 AM Secretary of State				
Principal Place of Business  450 B ST, SUITE 1900  SAN DIEGO, CA 92101 US  Mailing Address  450 B ST, SUITE 1900  SAN DIEGO, CA 92101 US  SAN DIEGO, CA 92101 US				] 	î <b>dana a</b> nin <b>az</b> in <b>azi</b> n <b>a</b> zin	I BBITH BBIBT HBNA BBIF	I BUIR BOROFI W 1801
	OO NOT WRITE	CE	08122008	No Chg-P	CR2E034 (1		
			33-049		- \$8.7	Not Applicable  5 Additional	
	6. Name and Address of Current Re-		5. Certificate	of Status Desired		lequired	
1200 S. PI	ORATION SYSTEM NE ISLAND RD. ION, FL 33324			NOT W			
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							
	LE NOW!II FEE IS \$150.00 ue by September 12, 2008	cing \$5.	\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10.	OFFICERS AND DIF	ECTORS					
NAME STREET ADDRESS CITY-ST-ZIP	WILSON, DOUGLAS P. 450 B ST, SUITE 1900 SAN DIEGO, CA 92101					,	
TITLE NAME STREET ADDRESS CITY-S1-ZIP				•	U000 - 08/ <b>2</b> 9/0	00958581 )8-80002-0	315 <b>150.</b> 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			s, who	DO	NOT W	RITE	
NAME STREET ADDRESS CITY-ST-ZIP			showed .	"IN"	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				, ,		,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· ·			•	<b>.</b>
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 min all other like empowered.							
SIGNATURE:  SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Didle Daytime Phone #							