2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 08, 2007 08:00 AM **DOCUMENT # F65124 Secretary of State** DOUG WILSON ENTERPRISES, INC. Principal Place of Business Mailing Address 336 JACK DRIVE P. O. BOX 865 C/O DOUGLAS C. WILSON 6121 N. ATLANTIC AVE STE 102 COCOA BEACH, FL 32931 CAPE CANAVERAL, FL 32920 01032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2159368 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILSON, DOUGLAS C. DO NOT WRITE 6121 N ATLANTIC AVE **SUITE 102** IN THIS SPACE CAPE CANAVERAL, FL 32920 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signeture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WILSON, DOUGLAS C NAME STREET ADDRESS 336 JACK DR CITY-ST-ZIP COCOA BEACH, FL 32931 TITLE NAME STREET AODRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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 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 of 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP