2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 A
Secretary of State

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1. Enlity Name LYNN WILSON ASSOCIATES INTERNATIONAL, INC.



Principal Place of Business

116 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 Mailing Address

116 ALHAMBRA CIRCLE CORAL GABLES, FL 33134



DO NOT WRITE IN THIS SPACE

01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0057558

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, LYNN 116 ALHAMBRA CIR. CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

I								
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. 1 am familiar with, and accept the obligations of registered agent.								
SIGNATURE -	_, -,							
	Signature typed or printed name of registered agent and title	st applicable (NOTE Registered	Agent signatun	e required when reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fine Trust Fund Contribution		cing	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	CTORS			<u> </u>			
TITLE NAME STREET ADDRESS CITY ST-ZIP	PD WILSON, LYNN 116 ALHAMBRA CIR CORAL GABLES, FL 33134				U00000199884 01/28/05-80003-009 158.75			
NAME STREET ADDRESS CITY-ST-ZIP	 							
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TITLE NAME STREET ADDRESS GITY-ST-ZIP	 	!						
12. I hereby o	certify that the information supplied with this ti	iling does not qualify for the exer	nption state	d in Section 119.07(3)	(i), Florida Statutes. I further certify that the information			

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Forida 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 25 '85

305-442-4041