

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 30, 2006
Secretary of State**

DOCUMENT# N05000005084

Entity Name: THE RILYA WILSON ADVOCACY PROJECT, INC.

Current Principal Place of Business:

P O BOX 551894
CAROL CITY, FL 33055

New Principal Place of Business:

Current Mailing Address:

P O BOX 551894
CAROL CITY, FL 33055

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, HELEN B
1920 NW 56TH ST
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, HELEN B
Address: 1920 NW 56TH ST
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: COLLINS, PATRICK E
Address: 11761 SW 177 TERR
City-St-Zip: MIAMI, FL 33177

Title: D () Delete
Name: SANDS, SYLVIA
Address: 981 S HILLCREST CT # 110
City-St-Zip: MIAMI, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN B WILLIAMS

DIR

03/30/2006

Electronic Signature of Signing Officer or Director

_____ Date