

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000104513

Entity Name: WILSUM'S REFERRAL SERVICES, INC.

FILED  
Feb 07, 2008  
Secretary of State

## Current Principal Place of Business:

1779 N. CONGRESS AVE., #303  
BOYNTON BEACH, FL 33426

## New Principal Place of Business:

## Current Mailing Address:

2592 TREANOR TERR.  
WELLINGTON, FL 33414

## New Mailing Address:

1779 N. CONGRESS AVE #303  
BOYNTON BEACCH, FL 33426

FEI Number: 71-0866226

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOUISMA, WILLIAM  
1779 N. CONGRESS AVE., #303  
BOYNTON BEACH, FL 33426 US

## Name and Address of New Registered Agent:

BISHOP, JOHN  
1779 N. CONGRESS AVE., #303  
BOYNTON BEACH, FL 33426 US

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: JOHN BISHOP

02/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LOUISMA, WILLIAM  
Address: 1779 N. CONGRESS AVE.  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VP ( ) Delete  
Name: DANASTOR, TINSON  
Address: 1779 N. CONGRESS AVE.  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D (X) Delete  
Name: ROWE, ALMA J  
Address: 1779 N. CONGRESS AVE.  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D (X) Delete  
Name: ALPHONSE, DIMITRI  
Address: 1779 N. CGRESS AVE  
City-St-Zip: BOYNTON BEACH, FL 33426

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ALPHONSE, DIMITRI  
Address: 1779 N. CONGRESS AVE. STE 303  
City-St-Zip: BOYNTON BEACH, FL 33426

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIMITRI ALPHONSE

P

02/07/2008

Electronic Signature of Signing Officer or Director

Date