## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000000420

Entity Name: WILSON INVESTMENT ENTERPRISES INC.

FILED Jan 03, 2005 Secretary of State

Littly Nan	iic. WILOON	WESTWIENT ENTERN MISE	J, IIVO.		
Current Pi	incipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
830 EYRIE	DRIVE		830 EYRIE DRIVE		
5A OVIEDO, F	L 32765		6C OVIEDO, FL 32765		
Current M	ailing Addres	s:	New Mailing Address:	New Mailing Address:	
P.O. BOX ( OVEIDO, F	523036 °L 327623036		P.O. BOX 620430 OVEIDO, FL 32762		
FEI Number:	03-0387665	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	DER, KARL A NI COURT EL 32765 US	3			
The above in the State		ubmits this statement for the լ	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUF	RE:				
	Electroni	c Signature of Registered Ag	ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () BURGUNDER, K P.O BOX 62303 OVIEDO, FL 32	3	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	

Title: () Delete WILSON, B. PARKS Name: Address: P.O BOX 623036 City-St-Zip: OVIEDO, FL 32762

Title: ( ) Delete Name: WILSON, AMELIA Address: P.O BOX 623036 City-St-Zip: OVIEDO, FL 32762

Title: (X) Change ( ) Addition

WILSON, B. PARKS Name: Address: P.O BOX 620430 OVIEDO, FL 32762 City-St-Zip:

Title: TD (X) Change ( ) Addition

Name: WILSON, AMELIA Address: P.O BOX 620430 City-St-Zip: OVIEDO, FL 32762

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Ρ SIGNATURE: KARL A. BURGUNDER 01/03/2005