


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State


01-30-2006 90062 028 ***150.00

DOCUMENT # P02000000420	
1. Entity Name WILSON INVESTMENT ENTERPRISES, INC.	

Principal Place of Business 830 EYRIE DRIVE 6C OVIDO, FL 32765	Mailing Address P.O. BOX 620430 OVIDO, FL 32762
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2. Principal Place of Business 1221 E Broadway St Ste 100	3. Mailing Address P.O. Box 620430
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Oviedo, FL	City & State Oviedo, FL
Zip 32765	Zip 32762
Country	Country

	
01062006	Chg-P CR2E034 (11/05)
4. FEI Number 03-0387665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BURGUNDER, KARL A 1565 GEMINI COURT OVIDO, FL 32765	
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7. Name and Address of New Registered Agent Karl A. Burgunder Attorney at Law, P.C. 830 Eyrie Drive Suite 6C Oviedo FL 32765	
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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 Karl A. Burgunder Signature, typed or printed name of registered agent and title if applicable.	DATE 1-11-06 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURGUNDER, KARL A P.O BOX 623036 OVIDO, FL 32762 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, B. PARKS P.O BOX 620430 OVIDO, FL 32762 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, AMELIA P.O BOX 620430 OVIDO, FL 32762 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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: **Karl A. Burgunder, Pres.** **1-11-06**