

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000000420

FILED  
Jan 16, 2008  
Secretary of State

Entity Name: WILSON INVESTMENT ENTERPRISES, INC.

## Current Principal Place of Business:

1221 E BROADWAY ST  
SUITE 100  
OVIEDO, FL 32765

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 620430  
OVEIDO, FL 32762

## New Mailing Address:

FEI Number: 03-0387665

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURGUNDER, KARL A  
830 ERYIC DR  
SUITE 6C  
OVIEDO, FL 32765 US

## Name and Address of New Registered Agent:

BURGUNDER, KARL A  
1490 SWANSON DR  
SUITE 200  
OVIEDO, FL 32765 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: \_\_\_\_\_

01/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BURGUNDER, KARL A  
Address: P.O BOX 623036  
City-St-Zip: OVIEDO, FL 32762

Title: SD ( ) Delete  
Name: WILSON, B. PARKS  
Address: P.O BOX 620430  
City-St-Zip: OVIEDO, FL 32762

Title: TD ( ) Delete  
Name: WILSON, AMELIA  
Address: P.O BOX 620430  
City-St-Zip: OVIEDO, FL 32762

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BURGUNDER, KARL A  
Address: 1490 SWANSON DR STE 200  
City-St-Zip: OVIEDO, FL 32765

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: AMELIA D WILSON

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01/16/2008

Electronic Signature of Signing Officer or Director

Date