

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000077089

Entity Name: WILSUM MANAGEMENT, INC.

**FILED**  
**Mar 20, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

2554 SAWYER TERRACE  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

2592 TREANOR TERRACE  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 20-0185278

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BISHOP, JOHN  
5637 PACIFIC BLVD.  
SUITE 2904  
BOCA RATON, FL 33433 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: P ( ) Delete  
Name: LOUIMA, JOB  
Address: 1779 N. CONGRESS AVE. STE. 303  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VP (X) Delete  
Name: ALCIDE, SAMUEL  
Address: 1779 N. CONGRESS AVE STE 303  
City-St-Zip: BOYNTON BEACH, FL 33426

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

SIGNATURE: ALCIDE SAMUEL

P

03/20/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date