2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2007 08:00 A Secretary of State DOCUMENT # P04000001260 1. Entity Name JERRY WILSON & ASSOCIATES, INC. Principal Place of Business Mailing Address **4529 CHUMUCKLA HIGHWAY 4529 CHUMUCKLA HIGHWAY SUITE B** SUITE B PACE, FL 32571 PACE, FL 32571 CR2E034 (11/05) 04112007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0572444 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILSON, JERRY DO NOT WRITE 4529 CHUMUCKLA HIGHWAY SUITE B IN THIS SPACE PACE, FL 32571 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE WILSON, JERRY R NAME 4529 CHUMUCKLA HIGHWAY #B STREET ADDRESS CITY-ST-ZIP PACE, FL 32571 TITLE U00000708630 04/24/07-80122-010 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

WHATUP THE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/07

858-994-505(

FILED