

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90485 050 ***150.00

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DOCUMENT # P04000146161 1. Entity Name WILZ CONSULTING, INC.					
Principal Place of Business 1382 B CARLTON ARMS DRIVE BRADENTON, FL 34208			Mailing Address 1382 B CARLTON ARMS DRIVE BRADENTON, FL 34208		
2. Principal Place of Business 6314 Rosefinch CT #104 <small>Suite, Apt. #, etc.</small>		3. Mailing Address 6314 Rosefinch CT #104 <small>Suite, Apt. #, etc.</small>			
City & State Bradenton, FL		City & State Bradenton, FL		4. FEI Number 20-1974493	
Zip 34202		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, ANNETTE 1382 B CARLTON ARMS DRIVE BRADENTON, FL 34208			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6314 Rosefinch CT #104 City Bradenton FL Zip Code 34202		
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: <u>Annette Wilson</u> Annette Wilson <u>4-26-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD <input type="checkbox"/> Delete WILSON, ANNETTE 1382 B CARLTON ARMS DRIVE BRADENTON, FL 34208		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6314 Rosefinch CT #104 Bradenton, FL 34202	
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	
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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: <u>Annette Wilson</u> Annette Wilson <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4-26-06</u> <small>Date</small>		<u>941-284-1823</u> <small>Daytime Phone #</small>