

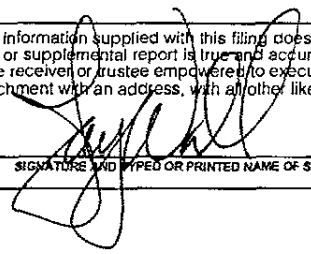


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04497			
1. Entity Name WILSHIRE INVESTMENTS CORPORATION			
Principal Place of Business 12100 WILSHIRE BLVD. STE. 1400 LOS ANGELES, CA 90025		Mailing Address 12100 WILSHIRE BLVD. STE. 1400 LOS ANGELES, CA 90025	
DO NOT WRITE IN THIS SPACE			
		 03302006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 95-3727315	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REYNOLDS, DOUGLAS H PA 4875 NORTH FEDERAL HIGHWAY 10TH FLOOR SOUTHTRUST BANK BUILDING FORT LAUDERDALE, FL 33308		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
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	1100000508429 04/28/06-80005-001 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ROSS, DEANE E 12100 WILSHIRE BLVD., STE. 1400 LOS ANGELES, CA 90025		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAGNUSON, SUZANNE 12100 WILSHIRE BLVD. STE. 1400 LOS ANGELES, CA 90025		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSS, DEANE E. 12100 WILSHIRE BLVD., STE. 1400 LOS ANGELES, CA 90025		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALL, JAY 12100 WILSHIRE BLVD SUITE 1400 LOS ANGELES, CA 90025		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 another like empowered.			
SIGNATURE: 		By: Jay Wall, Vice President 4/4/06 <small>Date</small> <small>Daytime Phone #</small>	