2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED ANNUÄL REPORT Apr 16, 2007 08:00 Al Secretary of State DOCUMENT # P05000002328 1. Entity Name WILTON CAPITAL ADVISORS CORP. Principal Place of Business Mailing Address 2323 OAK STREET 2323 OAK STREET JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 04192007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2111010 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent INTREPID REGISTERED AGENT SERVICES, LLC DO NOT WRITE ONE INDEPENDENT DRIVE **SUITE 1200** IN THIS SPACE JACKSONVILLE, FL 32202 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE ACOSTA-RUA, FERNANDO J NAME STREET ADDRESS 2323 OAK STREET U00000713712 CITY-ST-ZIP JACKSONVILLE, FL 32204 04/26/07-80019-027 150.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07

<u> 104-381-9996</u>

Daytime Phone #