2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2007
Secretary of State

DOCUMENT# P05000024013

Entity Name: WILSON MEDICAL LEASING INC.

Current Principal Place of Business:

355 N. BEAL PARKWAY
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

4015 KILLIAN DRIVE
ORLANDO, FL 32822 US

New Mailing Address:

FEI Number: 20-2341152 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIPILLO, KARYN
4015 KILLIAN DRIVE
ORLANDO, FL 32822 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SHIPILLO, KARYN
Address: 4015 KILLIAN DRIVE
City-St-Zip: ORLANDO, FL 32822 US

Title: VP ( ) Delete
Name: WILSON, THOMAS
Address: 645 POWELL DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: S ( ) Delete
Name: SHIPILLO, KARYN
Address: 4015 KILLIAN DRIVE
City-St-Zip: ORLANDO, FL 32822 US

Title: T ( ) Delete
Name: SHIPILLO, KARYN
Address: 4015 KILLIAN DRIVE
City-St-Zip: ORLANDO, FL 32822 US

Title: DIR ( ) Delete
Name: SHIPILLO, KARYN
Address: 4015 KILLIAN DRIVE
City-St-Zip: ORLANDO, FL 32822 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: WILSON, KRISTA
Address: 2042 24TH AVE., SE
City-St-Zip: NORMAN, OK 73071 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KARYN SHIPILLO P 01/20/2007

Electronic Signature of Signing Officer or Director Date