
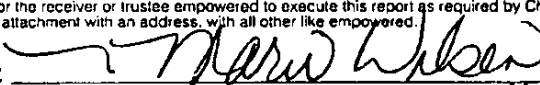


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

04-24-2006 90397 047 ***150.00

DOCUMENT # P05000027285					
1. Entity Name LAW OFFICES OF MARIE COLEMAN WILSON, P.A.					
Principal Place of Business 2383 S. TAMiami TRAIL SUITE D VENICE, FL 34293			Mailing Address 2383 S. TAMiami TRAIL SUITE D VENICE, FL 34293		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1243494	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$0.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, MARILYN M 2383 S. TAMiami TRAIL SUITE D VENICE, FL 34293			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 resigning)</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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, MARILYN M 2383 S. TAMiami TRAIL, SUITE D VENICE, FL 34293	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, MARILYN M 2383 S. TAMiami TRAIL, SUITE D VENICE, FL 34293	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite A	<input checked="" 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
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: 		4/28/06 (941) 493-0533		M. Marie Wilson Date Daytime Phone	

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