

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000043452

Entity Name: WILCO PARTNERS 5, INC

FILED
Apr 29, 2006
Secretary of State

Current Principal Place of Business:

7515 W OAKLAND PARK BLVD SUITE 103
SUNRISE, FL 33319

Current Mailing Address:

7515 W OAKLAND PARK BLVD SUITE 103
SUNRISE, FL 33319

New Principal Place of Business:

2200 NORTH FEDERAL HIGHWAY
#201
BOCA RATON, FL 33431 US

New Mailing Address:

2200 NORTH FEDERAL HIGHWAY
#201
BOCA RATON, FL 33431 US

FEI Number: 20-2548412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, BENJAMIN H
2692 N UNIVERSITY DR
SUITE 1
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

CALVARESE PROFESSIONAL ACCOUNTING
2200 NORTH FEDERAL HIGHWAY
#201
BOCA RATON, FL 33431 US

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: BRIAN C. CALVARESE

04/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILSON, JERRY
Address: 2692 N UNIVERSITY DR #1
City-St-Zip: SUNRISE, FL 33322

Title: S (X) Delete
Name: BURKE, BENJAMIN H
Address: 2692 N UNIVERSITY DR #1
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILSON, JERRY D
Address: 2200 NORTH FEDERAL HIGHWAY, #201
City-St-Zip: BOCA RATON, FL 33431 US

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: JERRY D. WILSON

PD

04/29/2006

Electronic Signature of Signing Officer or Director

Date