2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000060214

FILED Jun 04, 2006 Secretary of State

| Entity Name: WILSHIRE PALMS INC. | | |
|---|--|-------------|
| Current Principal Place of Business: | New Principal Place of Business: | |
| PO BOX 65047 VERO BEACH, FL 32965 | | |
| Current Mailing Address: | New Mailing Address: | |
| PO BOX 65047 VERO BEACH, FL 32965 | | |
| FEI Number: 90-0245110 FEI Number Applied For () | FEI Number Not Applicable () Certificate of Status Desir | red () |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | i |
| VALLEY, DOREEN E 4010 11 PL., S.W. VERO BEACH, FL 32968 US | | |
| The above named entity submits this statement for the puin the State of Florida. | urpose of changing its registered office or registered agent | ., or both, |
| SIGNATURE: | | |
| Electronic Signature of Registered Ager | nt Date | |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not Election Campaign Financing Trust Fund Contribution (). | t receive the prior notice. | |

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: Title: () Delete (X) Change () Addition

VALLEY, DOREEN E Name: VALLEY, DOREEN E Name: 1584 SW CROSSING CIRCLE 4010 11TH PLACE S. W. Address: Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: VERO BEACH, FL 32968

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: DOREEN VALLEY Ρ 06/04/2006