


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90140 005 ***150.00

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| DOCUMENT # P05000139683 | |  |
| 1. Entity Name LYNN WILSON D V M INC | | |

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| Principal Place of Business 388 BROWN PELICAN DR DAYTONA BEACH, FL 32119 | Mailing Address 388 BROWN PELICAN DR DAYTONA BEACH, FL 32119 |
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|--------------------------------|---------|---|---------|
| 2. Principal Place of Business | | 3. Mailing Address 1515 Ridge Wood Ave | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. A | |
| City & State | | City & State Holly Hill FL | |
| Zip | Country | Zip 32117 | Country |



07062006 Chg-P CR2E034 (11/05)

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| 4. Fee Number 20-3622025 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| LOGUIDICE, JOE 1515 RIDGEWOOD AVE A HOLLY HILL, FL 32117 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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| 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 Joe Loguidice | DATE 7/16/06 |

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| FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WILSON, LYNN 388 BROWN PELICAN DR DAYTONA BEACH, FL 32119 <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 |
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| 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 [Signature] | 7-10-06 386-761-0645 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date Daytime Phone # |