2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P13957

1. Entity Name

WILSON DANIELS LTD. CORPORATION



FILED
Jul 14, 2008 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

1201 DOWDELL LANE

P.O. BOX 440B

ST. HELENA, CA 94574 U

ST. HELENA, CA 94574



DO NOT WRITE IN THIS SPACE

07082008 No Chg-P CR2E034 (11/05)

4. FEI Number 94-2584561

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RABORN, WAYNE 419 OAK HILL DR ALTAMONTE SPRINGS, FL 32701

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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.

SIGNATUR

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution.

\$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.

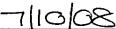
U	ue by September 12, 2008	riust i una contribution.
10.	OFFICERS AND DIREC	CTORS
TITLE	CDT	
NAME	UNDERWOOD, VERNON O	
STREET ADDRESS	15 ENTERPRISE, STE. 100	
CITY-ST-ZIP	ALISO VIEJO, CA 92656	
TITLE	DVS	
NAME	SMITH, JANET	
STREET ADDRESS	15 ENTERPRISE, STE, 100	
CITY-ST-ZIP	ALISO VIEJO, CA 92656	
TITLE	D	
NAME	UNDERWOOD, JEFFREY	
STREET ADDRESS	15 ENTERPRISE, STE. 100	
CITY-ST-ZIP	ALISO VIEJO, CA 92656	
TITLE	Р	
NAME	FROMM, ANDREW	
STREET ADDRESS	248 KENT AVE	
CITY-ST-ZIP	KENTFIELD, CA 94904	
TITLE	D	
NAME	UNDERWOOD, CHRISTOPEHER	
STREET ADDRESS	15 ENTERPRISE, STE. 100	
CITY-ST-ZIP	ALISO VIEJO, CA 92656	
TITLE	CFO	
NAME	HAMANN, DENNIS	
STREET ADDRESS	15 ENTERPISE, STE. 100	
CITY - ST-ZIP	ALISO VIEJO, CA 92656	
12. I hereby certify that the information supplied with this filing does not qualify for the exemple region of the property of supplemental report is true and accurate and that my signature.		

DO NOT WRITE IN THIS SPACE

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 additional content of the receiver or trustee empowered.

SIGNATURE:

ANOY FROMM



Davime Phone #