2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P40613

Entity Name: F. G. WILSON INCORPORATED

Current Principal Place of Business:

10431 N COMMERCE PKWY
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

10431 N COMMERCE PKWY
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 23-2648049 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHAFFER, ROBERT J
2801 PONCE DE LEON BLVD.
SUITE 550
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: WILLIAMSON, CYRIL J
Address: 10431 N. COMMERCE PARKWAY
City-St-Zip: MIRAMAR, FL 33025

Title: VD ( ) Delete
Name: MOORE, IAN P
Address: OLD GLENARM ROAD
City-St-Zip: LARNE, CO.ANTRIM, BT40IEJ UK,

Title: PD ( ) Delete
Name: HORN, JEFFREY A
Address: 100 NE ADAMS STREET
City-St-Zip: PEORIA, IL 61629

Title: S ( ) Delete
Name: HUXTABLE, LAURIE J
Address: 100 NE ADAMS
City-St-Zip: PEORIA, IL 61629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 Section 119.07(3)(i), 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: CYRIL WILLIAMSON T 04/29/2005

Electronic Signature of Signing Officer or Director — Date