

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State


04-12-2007 90048 019 ***150.00

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1. Entity Name
WIGGINS FINANCIAL, INC.

Principal Place of Business
2633 SPANISH RIVER RD
1111 BRICKELL AVENUE BOCA RATON, FL 33422
MIAMI, FL 33131 US

Mailing Address
2633 SPANISH RIVER RD
1111 BRICKELL AVENUE BOCA RATON, FL 33432
MIAMI, FL 33131 US




03172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0366253 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BURRELL M. WIGGINS
FROST IRWIN M
1111 BRICKELL AVENUE
SUITE 2050
MIAMI, FL 33131

2633 SPANISH RIVER RD
BOCA RATON, FL 33432

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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 Burrell M. Wiggins **BURRELL M. WIGGINS** 4-2-07 DATE

Signature, typed or printed name of registered agent, whichever is applicable. (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	WIGGINS, BURRELL M
STREET ADDRESS	2633 SPANISH RIVER RD
CITY - ST - ZIP	BOCA RATON, FL 33432
TITLE	P
NAME	WIGGINS, BURRELL
STREET ADDRESS	2633 SPANISH RIVER ROAD
CITY - ST - ZIP	BOCA RATON, FL 33432
TITLE	SD
NAME	WIGGINS, COLLEEN G
STREET ADDRESS	2633 SPANISH RIVER ROAD
CITY - ST - ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	Wiggins, B. Michael
STREET ADDRESS	5190 LEITNER DRIVE EAST
CITY - ST - ZIP	CORAL SPRINGS, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: Burrell M. Wiggins **BURRELL M. WIGGINS** 4-2-07 561-212-3056 DATE Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR