## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 07, 2008 8:00 am Secretary of State

Mailing Address   790 MV/M ABVE   790 MV/M A	DOCUMENT # P93000079552  1. Entity Name WILSHER & SONS INVESTMENTS, INC.					04-07-2008	90023 044 ***150	0.00
SUITE 101 DAVIE, FL 33324 US  Suite. Apt * nic  2. Principal Place of Business - No P.O. Box *  Suite. Apt * nic  City & State	Principal Place of Business		Mailing Address	····				
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City & State	2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Country   Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03312008	Chg-P	CR2E034 (12/06)	
S. Certificate of Stribut Disprise   Sequence   Seque	City & State		City & State				<del></del>	
SMITH, JOHN A 7900 NOVA DRIVE SUITE 101 DAVIE, FL 33324  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, both of printed name of registered agent soft the displace.  **SIGNATURE**  **THE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  **OFFICERS AND DIRECTORS**  **Detection Companyin Financing Trust Fund Contribution.**  **PARKHAM, SHARON R  **SIRET ADDRESS*  **CITY-ST-2P**  **MARKHAM, SHARON R  **SIRET ADDRESS*  **CITY-ST-2P**  **Detection Companyin Financing Trust Fund Contribution.**  **Detection Companyin Financing Trust Fund Contribution.**  **ITLE*  **PARKHAM, SHARON R  **SIRET ADDRESS*  **CITY-ST-2P**  **Detection Companyin Financing Trust Fund Contribution.**  **ITLE*  **PARKHAM, SHARON R  **SIRET ADDRESS*  **CITY-ST-2P**  **Detection Companyin Financing Trust Fund Contribution.**  **ITLE*  **Detection Companyin Financing Trust Fund Contribution.**  **ITLE*  **PARKHAM, SHARON R  **SIRET ADDRESS*  **CITY-ST-2P*  **Detection Companyin Financing Trust Fund Contribution.**  **Detection Companyin Financing State Address State A	Zip	Country	Zip Co	untry	5. Certificate	of Status Desired		
SMITH, JOHN A 7900 NOVA DRIVE SUITE 101 DAVIE, FL 33324  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. Tam familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOWITH FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  P Selection Campaign Financing Trust Fund Contribution  9. Selection Campaign Financing Trust Fund Contribution  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  INTE MAKE STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-2P  10. Change 10.		6. Name and Address of Current	Name	7. Name and	Address of New	Registered Agent		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature Tell S 350,000  FILE NOW!!! FEE IS \$150,000  After May 1, 2008 Fee will be \$550,00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  III.E  MARKHAM, SHARON R  SREET ADDRESS CITY-ST-2P  ITIE NAME SIREET ADDRESS CITY-ST-2P  ITIE NAME SIRE				The state of the s				
City			Street Address		P.O. Box Numbe	er is Not Acceptab	ie)	
B. 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  Suprovir, tund or privated rame of registered agent and title if applicable.  PURPORT IN THE INDIVIDUAL FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE  PARKHAM, SHARON R STREET ADDRESS  CITY-ST-2P  TITLE  SIREP ADDRESS  CITY-ST-2P  TITLE  Delete  ITILE  Delete  ITILE  Delete  ITILE  MAKE  SIREP ADDRESS  CITY-ST-2P  TITLE  Delete  ITILE  Delete  ITILE  MAKE  SIREP ADDRESS  CITY-ST-2P  TITLE  MAKE  MAKE  MAKE  MAKE  SIREP ADDRESS  CITY-ST-2P  TITLE  MAKE  MAKE  MAKE  MAKE  MAKE  MAKE  MAKE  MAKE  MAKE  MAKE								
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Signature. Lined or printed come of registered apper and title of acquitables.   NOTE Projectives Appert signature registering (NOTE Projectives)			or the purpose of changing its regist	ered office or register	red agent, or bot	h, in the State of F	lorida. I am familiar with,	and accept
### After May 1, 2008 Fee will be \$\$50.00	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE Regist	ered Agent signature required	d when reinstating)		DATE	
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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:

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Sharon Markham

x 4/2/08

OK (954) 577-6872

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