2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED DOCUMENT # P94000021919 1. Entity Name 06 NOV -7 PM 4: 30 WILSON & STRICKLAND, INC. CLORETARY OF STATE ALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1550 LATHAM RD. 1550 LATHAM RD. SUITE 9 SUITE 9 WEST PALM BEACH, FL WEST PALM BEACH, FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11062006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 65-0484150 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILSON, WILLIAM A JR Street Address (P.O. Box Number is Not Acceptable) 1550 LATHAM RD. SUITE 9 WEST PALM BEACH, FL 33409-5146 City Zip Code FL 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_ Signature, typed or printed name of registered agent and Life if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 мау Ве Amended AR is \$61.25 \Box Added to Fees Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE TITLE Delete Change ☐ Addition WILSON, WILLIAM A JR NAME NAME 400081594084 STREET ADDRESS 14278 WELLINGTON TRACE STREET ADDRESS 11/07/06--01049--021 **70.00 WELLINGTON, FL 33414 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change TITLE WILSON, LILI M NAME NAME 14278 WELLINGTON TRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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. 11/4/04 WILLIAM SIGNATURE:

x 11/8