'2006 FOR PROFIT CORPORATION

Apr 03, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P94000027289 Entity Name WILSON LAND DEVELOPMENT, INC. Mailing Address Principal Place of Business 3806 JOHN ANDERSON HIGHWAY 3806 JOHN ANDERSON HIGHWAY FLAGLER BEACH, FL 32136 FLAGLER BEACH, FL 32136 No Chg-P 01032006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3245909 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILSON, ARTHUR DO NOT WRITE 3806 JOHN ANDERSON HWY SUITE B IN THIS SPACE FLAGLER BEACH, FL 32136 6. 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 lamitlar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. (NOTE, fregistered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. a une WILSON, ARTHUR NAME 3806 JOHN ANDERSON HWY. STREET ADDRESS FLAGLER BEACH, FL CITY-ST-ZIP U00000489514 04/18/06-80016-025 150.00 TITLE WILSON, LORRAINE NAME STREET ADDRESS 3806 JOHN ANDERSON HWY. CHY-ST-IN FLAGLER BEACH, FL NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP 11D.F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 eath; 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.

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGHING OFFICER OR DIRECTOR

FILED