2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005
Secretary of State

DOCUMENT# P94000087624

Entity Name: WYLA, INC.

Current Principal Place of Business:

6920 PHILLIPS INDUSTRIAL BLVD
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

6920 PHILLIPS INDUSTRIAL BLVD
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3282661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRAZIER, W R
1515 RIVERSIDE AVE, STE A
JACKSONVILLE, FL 32204 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: DST ( ) Delete
Name: BENIS, JOHN G
Address: 179 CHRISTOPHER ST
City-St-Zip: NEW YORK, NY 10014

Title: DVP ( ) Delete
Name: WALLS, CHARLENE
Address: 1257 CUNNINGHAM CREEK DR.
City-St-Zip: JACKSONVILLE, FL 32259

Title: PD ( ) Delete
Name: WIENER, JOSEPH
Address: 6 BROOKDALE LANE
City-St-Zip: CHAPPAQUA, NY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change ( ) Addition
Name: WALLS, CHARLENE W
Address: 1257 CUNNINGHAM CREEK DR.
City-St-Zip: JACKSONVILLE, FL 32259

Title: PD (X) Change ( ) Addition
Name: WIENER, JOSEPH D
Address: 6 BROOKDALE LANE
City-St-Zip: CHAPPAQUA, NY 10514

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: CHARLENE W WALLS VP 02/17/2005

Electronic Signature of Signing Officer or Director Date