2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2007
Secretary of State

DOCUMENT# P97000083364

Entity Name: WILSON RESOURCES, INC.

Current Principal Place of Business:

2892 E. PARK AVENUE
SUITE 2B
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

2908 CAPITAL PARK DRIVE
SUITE A
TALLAHASSEE, FL 32301 US

Current Mailing Address:

5001 BRIAR HILL ROAD
LEXINGTON, KY 40516 US

New Mailing Address:

2908 CAPITAL PARK DRIVE
SUITE A
TALLAHASSEE, FL 32301 US

FEI Number: 37-1260208 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILSON, LESLIE L
2892 E. PARK AVENUE
SUITE 2B
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

WILSON, LESLIE L
2908 CAPITAL PARK DRIVE
SUITE A
TALLAHASSEE, FL 32301 US

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: 02/11/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: WILSON, LESLIE L
Address: 5001 BRIAR HILL ROAD
City-St-Zip: LEXINGTON, KY 40516

Title: S ( ) Delete
Name: WILSON, VIRGINIA
Address: 246 CREEK RD
City-St-Zip: CAMP HILL, PA 17011

Title: D ( ) Delete
Name: WALBERT, RICK
Address: 4 EDGEWOOD
City-St-Zip: ROCHESTER, IL 62563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: WILSON, LESLIE L
Address: 2908 CAPITAL PARK DRIVE
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: S (X) Change ( ) Addition
Name: WILSON, VIRGINIA
Address: 246 CREEK RD
City-St-Zip: CAMP HILL, PA 17011 US

Title: D (X) Change ( ) Addition
Name: WALBERT, RICK
Address: 4 EDGEWOOD
City-St-Zip: ROCHESTER, IL 62563 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LESLIE L. WILSON PRES 02/11/2007
Electronic Signature of Signing Officer or Director Date