2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007
Secretary of State

DOCUMENT# P98000067264

Entity Name: WILSON CENTER, INC.

Current Principal Place of Business:

550 N. PALMETTO AVE.
SANFORD, FL 32771

New Principal Place of Business:

541 N. PALMETTO AVE.
SUITE 105
SANFORD, FL 32771

Current Mailing Address:

550 N. PALMETTO AVE.
SANFORD, FL 32771

New Mailing Address:

541 N. PALMETTO AVE.
SUITE 105
SANFORD, FL 32771

FEI Number: 59-3525298 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HORIAN, ROBERT L
550 N. PALMETTO AVE.
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

HORIAN, ROBERT L
541 N. PALMETTO AVE.
SUITE 105
SANFORD, FL 32771 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: ROBERT L. HORIAN 03/16/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: HORIAN, ROBERT L
Address: 550 N. PALMETTO AVE.
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete
Name: HORIAN, YVETTE
Address: 550 N. PALMETTO AVE.
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: HORIAN, ROBERT L
Address: 541 N. PALMETTO AVE.
City-St-Zip: SANFORD, FL 32771

Title: D (X) Change ( ) Addition
Name: HORIAN, YVETTE
Address: 541 N. PALMETTO AVE.
City-St-Zip: SANFORD, FL 32771

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: ROBERT L. HORIAN PSTD 03/16/2007
Electronic Signature of Signing Officer or Director Date