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Apr 04, 2005 8:00 am
Secretary of State

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DOCUMENT # P99000073341		Secretary of State 04-04-2005 90093 043 ***150.00	
1. Entity Name WILKEN ENTERPRISES, INC.			
Principal Place of Business 174 MITCHELL HAMMOCK RD OVIEDO, FL 32765		Mailing Address 174 MITCHELL HAMMOCK RD OVIEDO, FL 32765	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent WILKEN, JANICE S 174 MITCHELL HAMMOCK RD OVIEDO, FL 32765		7. Name and Address of New Registered Agent Henry J. Wilken III 174 E Mitchell Hammock Rd. Oviedo FL 32765	
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: <i>Henry J. Wilken III</i> (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PST <input checked="" type="checkbox"/> Delete NAME: WILKEN, JANICE S STREET ADDRESS: 174 MITCHELL HAMMOCK RD CITY-ST-ZIP: OVIEDO, FL 32765		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: CITY-ST-ZIP: 	
TITLE: <input type="checkbox"/> Delete NAME: WILKEN, HENRY J III STREET ADDRESS: 174 MITCHELL HAMMOCK RD CITY-ST-ZIP: OVIEDO, FL 32765		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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.			
SIGNATURE: <i>Henry J. Wilken III</i>		3-29-05 (407) 366-9711	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	