

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# S94374

Entity Name: WILSON MANIFOLDS, INC.

FILED
Sep 24, 2009
Secretary of State**Current Principal Place of Business:**4700 NE 11TH AVE.
OAKLAND PARK, FL 33334**New Principal Place of Business:****Current Mailing Address:**4700 NE 11TH AVE.
OAKLAND PARK, FL 33334**New Mailing Address:**

FEI Number: 65-0308295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:WILSON, KEITH
4700 NE 11TH AVE.
OAKLAND PARK, FL 33334 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

OFFICERS AND DIRECTORS:Title: DP () Delete
Name: WILSON, KEITH
Address: 4700 NE 11TH AVE
City-St-Zip: OAKLAND PARK, FLTitle: ST () Delete
Name: WILSON, JULIE
Address: 4700 NE 11 AVE
City-St-Zip: OAKLAND PARK, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DP (X) Change () Addition
Name: WILSON, KEITH
Address: 4700 NE 11TH AVE
City-St-Zip: OAKLAND PARK, FL 33334Title: ST (X) Change () Addition
Name: WILSON, TERRY
Address: 4700 NE 11 AVE
City-St-Zip: OAKLAND PARK, FL 33334

I hereby certify that the information supplied with this filing does not qualify 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: WILSON, KEITH

DP

09/24/2009

Electronic Signature of Signing Officer or Director

Date