

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V44162

FILED
Apr 09, 2007
Secretary of State

Entity Name: DAN L. WILEY & ASSOCIATES, INC.

Current Principal Place of Business:

1070 E. INDIANTOWN RD.
SUITE 310
JUPITER, FL 33477

New Principal Place of Business:

Current Mailing Address:

1070 E. INDIANTOWN RD.
SUITE 310
JUPITER, FL 33477

New Mailing Address:

FEI Number: 65-0342900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWKINS, SCOTT G
505 S FLAGLER DRIVE
WEST PALM BEACH, FL 33401 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: P () Delete
Name: WILEY, DAN L.
Address: 1070 E. INDIANTOWN RD., SUITE 310
City-St-Zip: JUPITER, FL 33477

Title: VP () Delete
Name: WILEY, RAMONA R.,
Address: 1070 E. INDIANTOWN RD., SUITE 310
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DAN L. WILEY

MR.

04/09/2007

Electronic Signature of Signing Officer or Director

Date