


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2008 8:00 am
Secretary of State

07-15-2008 90060 006 ***550.00

DOCUMENT # F99000003346 1. Entity Name TRISHA WILSON HOLDINGS, INC.					
Principal Place of Business 3811 TURTLE CREEK BLVD., SUITE 1500 DALLAS, TX 75219-4419			Mailing Address 3811 TURTLE CREEK BLVD., SUITE 1500 DALLAS, TX 75219-4419		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 75-1580971	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DR STE A TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, TRISHA 3811 TURTLE CREEK BLVD., SUITE 1500 DALLAS, TX 752194419	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIMELSPACH, JAMES R 3811 TURTLE CREEK BLVD., SUITE 1500 DALLAS, TX 752194419	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEUMANN, CHERYL 3811 TURTLE CREEK BLVD., SUITE 1500 DALLAS, TX 752194419	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF PEGGY, THOMAS J 3811 TURTLE CREEK BLVD #1500 DALLAS, TX 752194419	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Thomas, Peggy J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF Gage, Terry L 3811 Turtle Creek Blvd #1500 Dallas, TX 752194419	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Terry L Gage</u> TERRY L GAGE <u>2/8/08</u> <u>(214) 521-6753</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40110560



07082008 Chg-P CR2E034 (12/06)