2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT
DOCUMENT# N03000005323

Entity Name: WIKIMEDIA FOUNDATION, INC.

Current Principal Place of Business: 200 2ND AVENUE SOUTH
SUITE 358
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address: 200 2ND AVENUE SOUTH
SUITE 358
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 20-0049703  FEI Number Applied For ( )  FEI Number Not Applicable ( )  Certificate of Status Desired ( )

Name and Address of Current Registered Agent: CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324  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:

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: C  ( ) Delete  Name: WALES, JIMMY D MR
Address: 200 2ND AVENUE SOUTH, SUITE 358
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: VC  ( ) Delete  Name: DEVOUARD, FLORENCE MS.
Address: 1 ROUTE DE PONTDUCHATEAU
City-St-Zip: MALINTRAT, ... 63510 FR

Title: VC  ( ) Delete  Name: BEESELEY, ANGELA MS.
Address: 9 WALLIS COURT
City-St-Zip: COLCHESTER, ESSEX, ... CO3 9XU UK

Title: T  ( ) Delete  Name: DAVIS, MICHAEL MR.
Address: 200 2ND AVENUE SOUTH, SUITE 358
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: ES  ( ) Delete  Name: SHELL, TIM MR.
Address: 3335 HAUCK ST., #1041
City-St-Zip: LAS VEGAS, NV 89145 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 617, Florida Statutes, and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE:  MICHAEL DAVIS  T  03/14/2006

Electronic Signature of Signing Officer or Director  Date