


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90003 004 \*\*\*\*61.25

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<b>DOCUMENT # N09106</b>					
1. Entity Name PEACE RIVER WILDLIFE CENTER, INC.					
Principal Place of Business 3400 W. MARION AVE. PUNTA GORDA, FL 33950 US			Mailing Address 3400 W. MARION AVE. PUNTA GORDA, FL 33950 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2535665	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DEEBLE, BARBARA 109 W TARPON BLVD PORT CHARLOTTE, FL 33952				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 meeting)</small> <span style="float: right;">DATE _____</span>					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	MALELWGE, FRANCIS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2354 TRITON TERRACE		NAME	Robin Jenkins
STREET ADDRESS		PUNTA GORDA, FL 33963		STREET ADDRESS	3639 ALLAPATCHEE DR.
CITY-STATE-ZIP				CITY-STATE-ZIP	PUNTA GORDA, FL 33950
TITLE	DVP	VAN GORP, DONNA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2166 NEWBURY SYT		NAME	
STREET ADDRESS		PORT CHARLOTTE, FL 33952		STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
TITLE	DP	DEEBLE, BARBARA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		154 MORGAN LANE		NAME	
STREET ADDRESS		PORT CHARLOTTE, FL 33952		STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
TITLE	T	HAVLIK, HUGH	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		109 W TARPON BLVD		NAME	Norman Schmidt
STREET ADDRESS		PORT CHARLOTTE, FL 33952		STREET ADDRESS	4333 McCullough ST.
CITY-STATE-ZIP				CITY-STATE-ZIP	Port Charlotte, FL 33948
TITLE	DS	CARRIERE, DAWN	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		25865 PRADA DR		NAME	
STREET ADDRESS		PORT CHARLOTTE, FL 33952		STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
TITLE	MD	FIORE, CYNTHIA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3138 SCRANTON ST		NAME	
STREET ADDRESS		PORT CHARLOTTE, FL 33952		STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
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 617, 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>Barbara Deeble</i>			1/31/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		