2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N32977

Entity Name: BACK TO NATURE WILDLIFE, INC.

Current Principal Place of Business:

18515 E. COLONIAL DR
ORLANDO, FL 32820

New Principal Place of Business:

Current Mailing Address:

18515 E. COLONIAL DR
ORLANDO, FL 32820

New Mailing Address:

FEI Number: 59-2961216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FREEMAN, MANDY
18515 E COLONIAL DR
ORLANDO, FL 32820 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: S ( ) Delete
Name: JACOBY, GRACIELA
Address: 4718 BEACH BLVD
City-St-Zip: ORLANDO, FL 32803

Title: P ( ) Delete
Name: FREEMAN, MANDY
Address: 7866 COPPERFIELD COURT
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete
Name: BUNDY, DAVID
Address: 23 E STEELE ST
City-St-Zip: ORLANDO, FL 32804

Title: VP ( ) Delete
Name: BRONZO, JAMES
Address: 805 BARON RD
City-St-Zip: ORLANDO, FL 32825

Title: ED ( ) Delete
Name: SHAW, CARMEN M
Address: 18615 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32820

Title: D ( ) Delete
Name: LADNEY, JUDY
Address: 609 VASSAR ST
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: JACOBY, GRACIELA
Address: 4718 BEACH BLVD
City-St-Zip: ORLANDO, FL 32803

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

Title: S (X) Change ( ) Addition
Name: KLEINBERG, DEBBIE
Address: 1880 W. COUNTY ROAD 419
City-St-Zip: OVIEDO, FL 32765

Title: T (X) Change ( ) Addition
Name: HALE, KATHY
Address: 1615 EDGEWATER DRIVE, #100
City-St-Zip: ORLANDO, FL 32804

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 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: MANDY FREEMAN P 04/02/2009
Electronic Signature of Signing Officer or Director — Date