

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000034247

FILED
Apr 29, 2009
Secretary of State

Entity Name: KARAS WILDERS GROUP INC.

Current Principal Place of Business:

2344 NE 12TH STREET UNIT J
POMPANO BEACH, FL 33062

New Principal Place of Business:

2344 NE 12TH STREET
UNIT J
POMPANO BEACH, FL 33062

Current Mailing Address:

2344 NE 12TH STREET UNIT J
POMPANO BEACH, FL 33062

New Mailing Address:

2344 NE 12TH STREET
UNIT J
POMPANO BEACH, FL 33062

FEI Number: 26-2552814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: D () Delete
Name: WILDERS, BARBARA
Address: 2344 NE 12TH STREET UNIT J
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILDERS, BARBARA A
Address: 2344 NE 12TH STREET UNIT J
City-St-Zip: POMPANO BEACH, FL 33062

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

SIGNATURE: BARBARA A. WILDERS

D

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date