


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #476783</b> 1. Entity Name <b>FISHEATING CREEK WILDLIFE SANCTUARY, INC.</b>	
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Principal Place of Business <b>4700 S.W. 74 STREET SOUTH MIAMI, FL 33143-5097</b>	Mailing Address <b>4700 S.W. 74 STREET SOUTH MIAMI, FL 33143-5097</b>
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01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1608971</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**MILLEDGE, LEWIS D. JR.  
4700 S.W. 74TH STREET  
SO. MIAMI, FL 33143-6117**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE **01/18/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>01/18/06-80020-013 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KERN, RICHARD 23050 SW 156 AVE MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLEDGE, LEWIS D., JR. 4700 S.W. 74TH STREET S. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERN, JAMES W. 14403 S.W. 142ND COURT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, ROBERT A 2055 WOOD STREET, SUITE 202 SARASOTA, FL 342377929
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TURNER, DAVID ONE SOUTHTRUST THIRD AVE, SUITE 1440 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIEDER, THOMAS 9990 SW 77 AVE, SUITE 300 MIAMI, FL 33156

**DO NOT WRITE  
IN THIS SPACE**

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: Lewis D. Milledge Jr. SECRETARY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 1/10/06 Daytime Phone # (305) 667-1156