

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753132

FILED
May 12, 2006
Secretary of State

Entity Name: INSTITUTE OF WILDLIFE SCIENCES, INC.

Current Principal Place of Business:

16531 SW 81 AVENUE
PALMETTO BAY, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

16531 SW 81 AVENUE
PALMETTO BAY, FL 33157 US

New Mailing Address:

FEI Number: 59-2031166 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CFRA, LLC
CORPORATE CENTER THREE AT INTL. PLAZA
4221 W. BOY SCOUT BLVD., 10TH FLOOR
TAMPA, FL 336075736 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

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEALEY, BRIAN,
Address: 16531 SW 81 AVENUE
City-St-Zip: PALMETTO BAY, FL 33157 US

Title: VD () Delete
Name: BALDWIN, JOHN,
Address: SW 26TH STREET
City-St-Zip: SUNRISE, FL 33324 US

Title: TD () Delete
Name: ZIEGLER, CYNTHIA,
Address: 8440 S.E. 21ST STREET
City-St-Zip: OCALA, FL 34480 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: BRIAN MEALEY

PD

05/12/2006

Electronic Signature of Signing Officer or Director

Date