
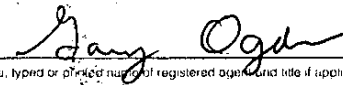


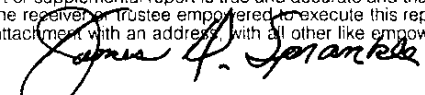
**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90164 005 \*\*\*\*61.25

<b>DOCUMENT # 765313</b>					
1. Entity Name "DING" DARLING WILDLIFE SOCIETY, INC.					
Principal Place of Business C/O GARY OGDEN 1 WILDLIFE DR. SANIBEL FL 33957		Mailing Address C/O GARY OGDEN 1 WILDLIFE DR. SANIBEL FL 33957			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2240895</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LIGHTNER, SHARRON K 19398 ORCHIDTREE COURT LEHIGH ACRES FL 33936</b>			7. Name and Address of New Registered Agent Name <b>Gary Ogden</b> Street Address (P.O. Box Number is Not Acceptable) <b>2366 E Mall dr</b> <b>APT 410</b> City <b> Ft Myers</b> <b>FL</b> Zip Code <b>33901</b>		
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 		SIGNATURE <b>Gary Ogden</b>		DATE <b>4-25-2006</b>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CUSCADEN, MICHAEL PRES</b> <b>923 PEPPERTREE PLACE</b> <b>SANIBEL FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Frankle James</b> <b>1147 Golden Olive Ct</b> <b>Sanibel Fl 33957</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GIATTINI, MARC V P</b> <b>5270 INDIAN COURT</b> <b>SANIBEL FL 33957</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ALBERT, CRAIG TRES</b> <b>1201 SANDCASTLE RD.</b> <b>SANIBEL FL 33957</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HEIRDORN, DONALD SEC</b> <b>5514 S W 11 TH AVENUE</b> <b>CAPE CORAL FL 33914</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Baldwin Theresa</b> <b>1555 Sandcastle Rd</b> <b>Sanibel Fl 33957</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LESCH, DONALD</b> <b>920 BEACH RD</b> <b>SANIBEL FL 33957</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HULIT, DICK</b> <b>800 LIMPET DR.</b> <b>SANIBEL FL 33957</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 registered 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:  **James D. Spranke** 4-25-2006 279-472-1100