## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#766322** 

FILED Mar 10, 2008 Secretary of State

Entity Name: WYOMING PHILANTHROPIC TRUST, INC.

Current Principal Place of Business:				New Principal Place of Business:			
3001 TAMIAMI TRAIL NORTH, ROOM 207 NAPLES, FL 34103 US				3001 TAMIAMI TRAIL NORTH SUITE 207 NAPLES, FL 34103 US			
Current Mailing Address:				New Mailing Address:			
3001 TAMIAMI TRAIL NORTH ROOM 207 NAPLES, FL 34103 US				3001 TAMIAMI TRAIL NO SUITE 207 NAPLES, FL 34103 US			
FEI Number:	59-2290272	FEI Number Applied For ( )	FEI Nun	nber Not Appli	icable ( )	Certificate of Statu	s Desired ( )
Name and	Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:				
PERKOVICH, JOSEPH I 3001 TAMIAMI TRAIL N #207 NAPLES, FL 34103 US The above named entity submits this statement for the purpose of in the State of Florida.				PERKOVICH, JOSEPH I 3001 TAMIAMI TRAIL NO SUITE 207 NAPLES, FL 34103 US of changing its registered office or registered agent, or both,			
SIGNATURE:						03/10/2008	}
	Electroni	c Signature of Registered Ager	nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	COLLIER, II, BA	RAIL N STE 207		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DV () SIMPSON, WILL 1135 14TH ST CODY, WY 824			Title: Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	PERKOVICH, JO	RAIL N STE 207		Title: Name: Address: City-St-Zip:	PERKOVICH	MI TRAIL N STE 207	
Title: Name: Address: City-St-Zip:	COLLIER, THER	RAIL N STE 207		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	THOMAS, W	MI TRAIL N STE 207	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	WALKER, SA	MI TRAIL N STE 207	

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: JOSEPH I PERKOVICH V 03/10/2008