
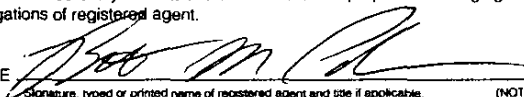
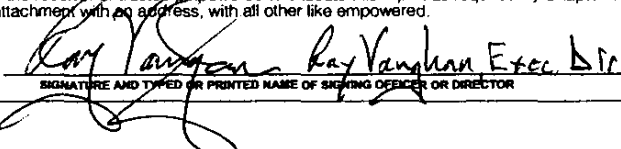


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000000687 1. Entity Name WILDLAW, INC.						FILED 07 MAY -1 PM 2:16 TALLAHASSEE, FLORIDA 	
Principal Place of Business 8116 OLD FEDERAL ROAD SUITE C MONTGOMERY, AL 36117				Mailing Address 8116 OLD FEDERAL ROAD SUITE C MONTGOMERY, AL 36117			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number 72-1373006				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PABEN, BRETT 1415 DEVILS DIP TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE  Brett Paben <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="text-align: right;"> 301101631129 05/07/07--01004--025 **\$1.25 4/17/2007 <small>DATE</small> </div> </div>							
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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	D HOOTEN, MATT 3046 BANKHEAD AVE MONTGOMERY, AL 36106			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robin Lewis 23797 NE 189th Street Salt Springs, FL 32134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AYERS, HARVARD DR. 150 KELLWOOD DRIVE BOONE, NC 28607			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Joe Shelnutt 757 Old Carter Hill Road Pike Road, AL 36064		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, JEFF 8500 LITTLE SCENIC LANE TALLAHASSEE, FL 32308			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Deroald Hopkins 660 Adams Avenue Montgomery, AL 36104		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPICER, DEBORAH 100 COMMERCE ST MONTGOMERY, AL 36104			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lisa Dabney 3977 Bakers Ferry Rd., SW Atlanta, GA 30331		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEAL, SARA 7030 #C WATCHMAN CIR MONTGOMERY, AL 36116			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stacey Gonzalez 1791 Lanier Place NW #22 Washington, DC 20009		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARSHALL, LAMAR WARRIOR MTN TRADING POST MOULTON, AL 35650			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anne Rolfes 661 Canal Street, Suite 2500 New Orleans, LA 70112		
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 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:  Ray Vaughan Exec. Dir. May 1, 2007 327-396-4729 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							