

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002386

Entity Name: FINANCIERE HAMELIN CO

FILED  
Aug 26, 2008  
Secretary of State

## Current Principal Place of Business:

7 RUE SCHEFFER  
75116 PARIS-FRANCE, FL 75116 OC

## New Principal Place of Business:

76 RUE DE LA POMPE  
75116 PARIS-FRANCE, FL 75116 OC

## Current Mailing Address:

P.B. WILDLIFE, INC.  
P.O. BOX 07132  
FORT MYERS, FL 33919

## New Mailing Address:

FEI Number: 98-0446798      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCANLAN, BRIAN  
3715 LIBERTY SQUARE  
FORT MYERS, FL 33908 US

## Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: DE LANGSDORFF, PATRICE  
Address: 14 RUE HAMELIN  
City-St-Zip: 75116 PARIS-FRANCE, FL 75116 OC

Title: VC ( ) Delete  
Name: DE LADOUCKETTE, FLORENCE  
Address: 14 RUE HAMELIN  
City-St-Zip: 75116 PARIS-FRANCE, FL 75116 OC

Title: D ( ) Delete  
Name: DE LANGSDORFF, ERIC  
Address: 9 RUE DE L'AMIRAL D'ESTAING  
City-St-Zip: 75116 PARIS-FRANCE, FL 75116 OC

Title: D ( ) Delete  
Name: ARNOULD SEURRAT DE L, A BOULAYE  
Address: 9 RUE DE MONT-PARNASSE  
City-St-Zip: 75006 PARIS-FRANCE, FL 75006 OC

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition  
Name: DE LANGSDORFF, PATRICE  
Address: 14 RUE AMIRAL HAMELIN  
City-St-Zip: 75116 PARIS-FRANCE, FL 75116 OC

Title: VC (X) Change ( ) Addition  
Name: DE LADOUCKETTE, FLORENCE  
Address: 14 RUE AMIRAL HAMELIN  
City-St-Zip: 75116 PARIS-FRANCE, FL 75116 OC

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICE DELANGSDORFF

MR

08/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date