

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004388

FILED
Apr 17, 2006
Secretary of State

Entity Name: WILDLANDS PROJECT, INC.

Current Principal Place of Business:

P.O. BOX 455
RICHMOND, VT 054770455

New Principal Place of Business:

Current Mailing Address:

2608 APPLEWOOD DR
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 16-1402497 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOONE, SANDI
2608 APPLEWOOD DR
TITUSVILLE, FL 32780 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRANSKOU, MARY
Address: 7 MINE ROAD
City-St-Zip: CHELSEA QC J9B 1C7 CANADA, XX XX

Title: V () Delete
Name: JOHNS, DAVID
Address: P.O. BOX 725
City-St-Zip: MCMINNVILLE, OR 97128

Title: T () Delete
Name: HOWARD, BOB
Address: 14 RENO PLACE
City-St-Zip: SANTA FE, NM 87508

Title: D () Delete
Name: MCKNIGHT, MARGO
Address: 11022 BONNETT HOLE DRIVE
City-St-Zip: THORNOTOSASSA, FL 33592

Title: D (X) Delete
Name: BALLARD, MIKE
Address: 41 CLYMER STREET
City-St-Zip: BURLINGTON, VT 05401

Title: D () Delete
Name: BOONE, SANDI
Address: 2608 APPLEWOOD DRIVE
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: FITZGERALD, KATHLEEN
Address: 14 BEACON STREET, SUITE 506
City-St-Zip: BOSTON, MA 02108

Title: ED (X) Change () Addition
Name: MCKNIGHT, MARGO
Address: 11022 BONNETT HOLE DRIVE
City-St-Zip: THORNOTOSASSA, FL 33592

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change () Addition
Name: BOONE, SANDI
Address: 2608 APPLEWOOD DRIVE
City-St-Zip: TITUSVILLE, FL 32780

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: SANDI BOONE

O

04/17/2006

Electronic Signature of Signing Officer or Director

Date