2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# L05000064675

Entity Name: WILDLIFE PRESERVATION, LLC

Current Principal Place of Business:

P. O. BOX 12363
FT. PIERCE, FL 34979

New Principal Place of Business:

11208 HUTCHISON BLVD.
#199
PANAMA CITY, FL 32407

Current Mailing Address:

P. O. BOX 12363
FT. PIERCE, FL 34979

New Mailing Address:

11208 HUTCHISON BLVD.
#199
PANAMA CITY, FL 32407

FEI Number: 22-3914945 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RITTEMAN, JOANIE
11208 HUTCHISON BLVD.
#199
PANAMA CITY BEACH, FL 32407 US

Name and Address of New Registered Agent:

RITTEMAN, JOANIE
11208 HUTCHISON BLVD.
#199
PANAMA CITY, FL 32407 US

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: JOANIE RITTEMAN 05/01/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: RITTEMAN, JOANIE
Address: 11208 HUTCHISON BLVD., #199
City-St-Zip: PANAMA CITY BEACH, FL 32407

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RITTEMAN, JOANIE
Address: 11208 HUTCHISON BLVD., #199
City-St-Zip: PANAMA CITY, FL 32407

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOANIE RITTEMAN MGR 05/01/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date