

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M66263</b> 1. Entity Name WILDLIFE ART DISTRIBUTORS, INC.					
Principal Place of Business WILDLIFE & NATURE FINE ART 15695 76TH TRAIL NORTH PALM BEACH GARDENS, FL 33418 US		Mailing Address WILDLIFE & NATURE FINE ART 15695 76TH TRAIL NORTH PALM BEACH GARDENS, FL 33418 US			
<b>DO NOT WRITE IN THIS SPACE</b>					
				 01122005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0029601		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  MATHISON, STEPHEN S 5606 PGA BLVD. — SUITE 211 PALM BEACH GARDENS, FL 33418				<b>DO NOT WRITE IN THIS SPACE</b>	
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.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				<b>DO NOT WRITE IN THIS SPACE</b>  U00000188424 01/24/05-80055-004 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DPT ORNSTEIN, DORANNE K. 15695 76TH TRAIL N PALM BEACH GARDENS, FL 33418			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DVS ORNSTEIN, JEFFREY A. 15695 76TH TRAIL N PALM BEACH GARDENS, FL 33418			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: 		JEFF ORNSTEIN		1-15-05 561 7433100	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	