


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N000000001-74 1. Entity Name FLORIDA INTERNATIONAL TEACHING ZOO, INC.	
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Principal Place of Business 7725 CR 48 WEST BUSHNELL FL 33513	Mailing Address P.O. BOX 2319 BELLEVIEW FL 34421
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	1st MOORE CR2E037 (10/06)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

4. FEI Number <b>82-2978126</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>WILSON, MARK D</b> <b>7725 CR 48 WEST</b> <b>BUSHNELL FL 33513</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL   Zip Code
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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: *Mark D Wilson* (NOTE: Registered Agent signature required when re-registering) DATE: *2/24/07*

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P WILSON, MARK D	
NAME	7725 CR 48 WEST	
STREET ADDRESS	BUSHNELL FL 33513	
CITY-ST-ZIP		
TITLE	V JENKINS, CHARLES	
NAME	P.O. BOX 2319	
STREET ADDRESS	BELLEVIEW FL 34421	
CITY-ST-ZIP		
TITLE	ST SNYDER, TOM	
NAME	1665 NORTH MAGNOLIA	
STREET ADDRESS	OCALA FL	
CITY-ST-ZIP		
TITLE	D RILEY, DARREL	
NAME	2121 S.W. 19TH AVE. ROAD	
STREET ADDRESS	OCALA FL 34474	
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	
STREET ADDRESS	U00000651563	
CITY-ST-ZIP	03/09/07-80012-016 70.00	
TITLE	NAME	
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mark D Wilson* DATE: *2/24/07* (362) 817-3077