


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000000174 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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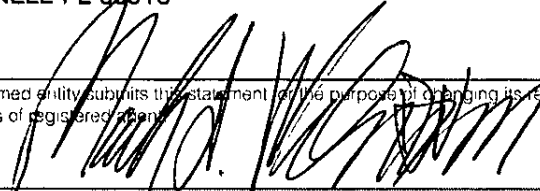
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

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

6. Name and Address of Current Registered Agent WILSON, MARK D 7725 CR 48 WEST BUSHNELL FL 33513	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, DOM 3/20/08** DATE

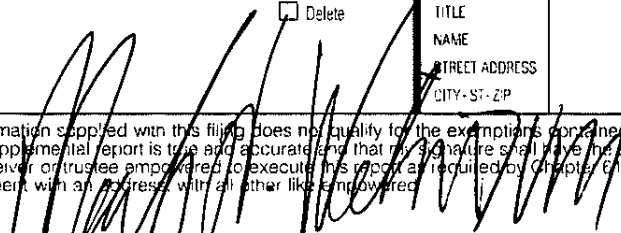
(NOTE: Registered Agent signature required when re-appointing)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete WILSON, MARK D
NAME	7725 CR 48 WEST
STREET ADDRESS	BUSHNELL FL 33513
CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> Delete JENKINS, CHARLES
NAME	P.O. BOX 2319
STREET ADDRESS	BELLEVIEW FL 34421
CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> Delete SNYDER, TOM
NAME	1665 NORTH MAGNOLIA
STREET ADDRESS	OCALA FL
CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete RILEY, DARREL
NAME	2121 S.W. 19TH AVE. ROAD
STREET ADDRESS	OCALA FL 34474
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U0000008709327
STREET ADDRESS	04/09/08-80109-020 70.00
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 employed.

SIGNATURE:  **3/20/08 (355) 87-3071**