

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 22, 2006  
Secretary of State**

DOCUMENT# N00000005899

Entity Name: FLORIDA WILDLIFE HABITATS, INC.

**Current Principal Place of Business:**

19120 NW 270TH ST.  
OKEECHOBEE, FL 34972

**New Principal Place of Business:**

**Current Mailing Address:**

19120 NW 270TH ST.  
OKEECHOBEE, FL 34972

**New Mailing Address:**

FEI Number: 65-1040692      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRIEDMAN, JONATHAN PT  
19120 NW 270 STREET  
OKEECHOBEE, FL 34972      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: PT      ( ) Delete  
Name: FRIEDMAN, JONATHAN  
Address: 19120 NW 270TH ST.  
City-St-Zip: OKEECHOBEE, FL 34972

Title: SD      ( ) Delete  
Name: FRIEDMAN, CATHERINA T  
Address: 19120 NW 270TH ST.  
City-St-Zip: OKEECHOBEE, FL 34972

Title: T      ( ) Delete  
Name: EDWARDS, ALANA  
Address: 100 RIVERWOODS CIRCLE  
City-St-Zip: LORIDA, FL 33857

Title: D      ( ) Delete  
Name: MASUR, KEN MR  
Address: 100 RIVERWOODS CIRCLE  
City-St-Zip: LORIDA, FL 33857

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: CATHERINA FRIEDMAN

SD

04/22/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date