2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000006552

FILED Apr 26, 2006 Secretary of State

Entity Name: SURVIVAL OUTREACH SANCTUARY FOR WILDLIFE, INC. **Current Principal Place of Business: New Principal Place of Business:** 22005 BOWMAN ROAD SPRING HILL, FL 34610 **Current Mailing Address: New Mailing Address:** 22005 BOWMAN ROAD SPRING HILL, FL 34610 FEI Number: 59-3682065 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCKINNEY, JONATHAN WATSON, JUDITH 22005 BOWMAN ROAD 22005 BOWMAN ROAD SPRING HILL, FL 34610 US SPRING HILL, FL 34610 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: JUDITH WATSON 04/26/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WATSON, JUDITH C Name: Name: Address: 22005 BOWMAN ROAD Address: City-St-Zip: SPRING HILL, FL 34610 City-St-Zip: Title: () Delete Title: () Change () Addition FERNANDEZ, SYLVIA A Name: Name: Address: 345 SOMERSET AVE Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip: Title: () Delete Title: () Change () Addition MCKINNEY, JOHNATHAN Name: Name: 22005 BOWMAN ROAD Address: Address: City-St-Zip: SPRING HILL, FL 34610 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: MURPHY, SHIRLEY Name: MURPHY, SHIRLEY Address: 2765 FOXHALL DR. E Address: 1509 SHIRLEY COURT City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: LAKE WORTH, FL 33461

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: JUDITH WATSON D 04/26/2006