2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000412

FILED Feb 10, 2008 Secretary of State

Entity Name: SHY WOLF SANCTUARY, EDUCATION AND EXPERIENCE CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

1161 27TH STREET SOUTHWEST NAPLES, FL 34117

Current Mailing Address: New Mailing Address:

1161 27TH STREET SOUTHWEST NAPLES, FL 34117

FEI Number: 59-3691867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENÚE CORAL GABLES, FL 33134 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

SMITH, NANCY J SMITH, NANCY J Name: Name: 1161 27TH STREET SOUTHWEST Address: 1161 27TH ST SW Address:

City-St-Zip: NAPLES, FL 34117 City-St-Zip: NAPLES, FL 34117

Title: **VED** () Delete Title: (X) Change () Addition KLOMAN, MICHAEL L Name: KLOMAN, MICHAEL L Name:

Address: 1161 27TH STREET SOUTHWEST Address: 1161 27TH ST SW City-St-Zip: NAPLES, FL 34117 City-St-Zip: NAPLES, FL 34117

Title: () Delete Title: (X) Change () Addition DEPPEN, DEANNA DEPPEN, DEANNA Name: Name:

1161 27TH STREET SOUTHWEST Address: Address: 1161 27TH ST SW City-St-Zip: NAPLES, FL 34117 City-St-Zip: NAPLES, FL 34117

Title: DS Title: DS (X) Change () Addition () Delete

Name: WILLS, JAMIE Name: WILLS, JAMIE 1161 27 STREET SOUTHWEST Address: Address: 1161 27TH ST SW City-St-Zip: NAPLES, FL 34117 City-St-Zip: NAPLES, FL 34117

Title: () Delete Title: DS (X) Change () Addition

WARD, KATHY WARD, KATHY Name: Name: 1161 27 STREET SOUTHWEST 1161 27TH ST SW Address: Address: City-St-Zip: NAPLES, FL 34117 City-St-Zip: NAPLES, FL 34117

Title: () Delete Title: () Change (X) Addition

JOHNSON, CHRISTINE Name: Name: Address: Address: 1161 27TH STREET SW NAPLES, FL 34117 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL KLOMAN **VED** 02/10/2008