

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005267

FILED
Aug 16, 2005
Secretary of State

Entity Name: THE WILD LANDS PROJECTS, INC.

Current Principal Place of Business:

426 PARTRIDGE CIR
SARASOTA, FL 34236

New Principal Place of Business:

P.O. BOX 673
SARASOTA, FL 34230

Current Mailing Address:

426 PARTRIDGE CIRCLE
SARASOTA, FL 34236

New Mailing Address:

P.O. BOX 673
SARASOTA, FL 34230

FEI Number: 03-0506770 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCREYNOLDS, ALLEN D
426 PARTRIDGE CIR
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

MCREYNOLDS, ALLEN D
426 PARTRIDGE CIRCLE
SARASOTA, FL 34236 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: _____

08/16/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MCREYNOLDS, ALLEN D
Address: 426 PARTRIDGE CIR
City-St-Zip: SARASOTA, FL 34236

Title: VD () Delete
Name: FLYNN, RUTH
Address: 11605 LUVIE CT
City-St-Zip: POTOMAC, MD 20854

Title: STD () Delete
Name: SWITZER, CAROLE STERN
Address: 2700 E CALLE LOS ALTOS
City-St-Zip: TUCSON, AZ 85718

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MALOOF, ELLEN
Address: 2620 GRAFTON ST
City-St-Zip: SARASOTA, FL 34231

Title: STD (X) Change () Addition
Name: MCREYNOLDS, ALLEN D
Address: 426 PARTRIDGE CIRCLE
City-St-Zip: SARASOTAT, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALLEN D. MCREYNOLDS

CD

08/16/2005

Electronic Signature of Signing Officer or Director

Date