2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006403

FILED Jan 14, 2008 Secretary of State

Entity Name: WILDLIFE CARE CENTER OF FLORIDA INC. **Current Principal Place of Business: New Principal Place of Business:** 4960 PALM AVE COCOA, FL 32926 **Current Mailing Address: New Mailing Address:** 4960 PALM AVE COCOA, FL 32926 FEI Number: 59-3755553 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: SYPIEN, JENNIFER 4960 PALM AVE COCOA, FL 32926 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SYPIEN, PAUL Name: Name: Address: 4960 PALM AVE Address: City-St-Zip: COCOA, FL 32926 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SYPIEN, JENNIFER Name: Address: 4960 PALM AVE Address: City-St-Zip: COCOA, FL 32926 City-St-Zip: Title: () Delete Title: () Change () Addition HUNT, STANLEE Name: Name: 395 MAPLE PLACE Address: Address: City-St-Zip: TITUSVILLE, FL 32780 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: JENNIFER SYPIEN PRES 01/14/2008