


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

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90292 007 ****61.25

DOCUMENT # N03000002683 1. Entity Name EVERGLADES WONDERGARDEN WILD LIFE REHABILITATION, INC.	
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Principal Place of Business 27120 OLD 41 RD. BONIA SPRINGS, FL 34135	Mailing Address POST OFFICE BOX 292 BONITA SPRINGS, FL 34133
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EVERGLADES WILDLIFE REHAB, INC.
27120 OLD 41 RD.
BONITA SPRINGS, FL 34135

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE David T. Piper Jr. Pres. 4/12/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIPER, DAVID 27657 OLD 41 ROAD BONIA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PIPER, DAWN 27657 OLD 41 ROAD BONIA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, BRADLEY 27657 OLD 41 ROAD BONIA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David T. Piper Jr. Pres. 4-12-06 239-488-1339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #