2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006
Secretary of State

DOCUMENT# N03000003554

Entity Name: ON THE WILD SIDE, INC.

Current Principal Place of Business:

2654 WOLF HOLLOW DRIVE
PONCE DE LEON, FL 32455

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 245
PONCE DE LEON, FL 32455

New Mailing Address:

FEI Number: 20-0014974 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SORVILLO, JOSEPH
2654 WOLF HOLLOW DRIVE
PONCE DE LEON, FL 32455 US

Name and Address of New Registered Agent:

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:

Title:	CP	( ) Delete
Name:	SORVILLO, JOSEPH	
Address:	2654 WOLF HOLLOW DRIVE	
City-St-Zip:	PONCE DE LEON, FL 32455	
Title:	STD	( ) Delete
Name:	SORVILLO, CAROL A	
Address:	2654 WOLF HOLLOW DRIVE	
City-St-Zip:	PONCE DE LEON, FL 32455	
Title:	D	( ) Delete
Name:	DARMETKO, PAUL S	
Address:	1400 SW 9TH AVENUE	
City-St-Zip:	FT. LAUDERDALE, FL 33315	
Title:	DV	( ) Delete
Name:	DARMETKO, DANIEL B	
Address:	5545 NW 125 TERRACE	
City-St-Zip:	CORAL SPRINGS, FL 33076	
Title:	D	( ) Delete
Name:	CUTTING, ROGER	
Address:	1552 SKELTON STREET	
City-St-Zip:	PONCE DE LEON, FL 32455	
Title:	D	(X) Delete
Name:	GUIFFRE, LOU & JOANNE	
Address:	2741 OLD MILL ROAD	
City-St-Zip:	PONCE DE LEON, FL 32455	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CAROL A SORVILLO STD 03/29/2006

Electronic Signature of Signing Officer or Director — Date