2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT			FILED Apr 17, 2006 8:00 am Secretary of State
DOCUMENT # N04000011215 1. Entity Name ARCTIC WOLF CLUB INC.			04-17-2006 90356 007 ****61.25
rincipal Place of Business Mailing Address 041 E. HIGHWAY 388 BOX 15112 OUNGSTOWN, FL 32466 PANAMA CITY, FL 32406		6	
2. Principal Place of Business 3. Mailing Address		· · · · · ·	
Suite, Apt. #, etc. Suite, Apt. #, etc.			03302006 Chg-NP CR2E037 (11/05)
City & State City & State			4. FEI Number Applied For 20-1990100 Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired Search Fee Required
6. Name and Address of Current Re	gistered Agent	Name	7. Name and Address of New Registered Agent
WOLF, MARK J 6041 E. HIGHWAY 388 YOUNGSTOWN, FL 32466		Street Address	(P.O. Box Number is Not Acceptable)
		City	FL Zip Code
 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			
Filing Fee is \$61.259. Election CampaignDue by May 1, 2006Trust Fund Contribution			\$5.00 May Be Added to Fees Florida Department of State
TITLE P, P D Dekte NAME WOLF, MARK J STREET ADDRESS 6041 E. HIGHWAY 388		11. TITLE NAME STREET ADDRESS GITY-GT-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO
TITLE VP D NAME STREET ADDRESS CITY-ST-ZIP ZZSO Jenks A	Delete ve Fl 3.2xl05	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE T Delete TIT NAME Mike Scott Law Site		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
THLE NAME STREET ADDRESS CITY-ST-ZIP	🖸 Delete	TITLE NAME STREET ADORESS CITY - ST-ZIP	Change 🔲 Addition
THELE HALLE STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADORESS CITY-ST-ZP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delele	TITLE NAME STREET ADDRESS CITY-ST-ZEP	Change Addition
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:			