2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000223

Entity Name: TAILS OF THE WILD, INC.

FILED Feb 01, 2008 Secretary of State

9500 LAKE HATCHINEHA 383 DAWES RD

HAINES CITY, FL 33844 FROSTPROOF, FL 33843

Current Mailing Address: New Mailing Address:

P.O. BOX 117 383 DAWES RD

DUNDEE, FL 33838 FROSTPROOF, FL 33843

FEI Number: 51-0532692 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:

DAVIS, JARROD 9500 LAKE HATCHINEHA 383 DAWES RD

HAINES CITY, FL 33844 US FROSTPROOF, FL 33843 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: JARROD DAVIS 02/01/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: D (X) Change () Addition

Name: DAVIS, JARROD Name: DAVIS, JARROD Address: 9500 LAKE HATCHINEHA Address: 383 DAWES RD

City-St-Zip: HAINES CITY, FL 33844 City-St-Zip: FROSTPROOF, FL 33843

Title: D () Delete Title: D (X) Change () Addition

 Name:
 PISONEAULT, GIL
 Name:
 PISONEAULT, GIL

 Address:
 9500 LK HATCHINEHA
 Address:
 423 DAWES RD

City-St-Zip: HAINES CITY, FL 33844 City-St-Zip: FROSTPROOF, FL 33843

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad ({\sf X}) \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad (\) \ {\sf Change} \ (\) \ {\sf Addition}$

 Name:
 VAN VOAST, WENDY
 Name:

 Address:
 9500 LAKE HATCHINEHA
 Address:

 City-St-Zip:
 HAINES CITY, FL 33844
 City-St-Zip:

 $\label{eq:Title:$

Name: Name: FERRERA, SU
Address: Address: 161 24TH STREET

City-St-Zip: City-St-Zip: ST PETERSBURG, FL 33704

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: JARROD DAVIS PRES 02/01/2008