2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006
Secretary of State

DOCUMENT# N05000005554

Entity Name: WETLANDS ALERT, INC.

Current Principal Place of Business:

465 WILDWOOD DR
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

1982 SR 44, BOX 214
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

465 WILDWOOD DR
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

1982 SR 44, BOX 214
NEW SMYRNA BEACH, FL 32168

FEI Number: 59-3771822 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HERRIN, BARBARA J
465 WILDWOOD DR
NEW SMYRNA BEACH, FL 32168 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: PD ( ) Delete
Name: HERRIN, BARBARA J
Address: 465 WILDWOOD DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VD ( ) Delete
Name: WINCHESTER, PAMELA M
Address: 433 WILDWOOD DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete
Name: CROMER, DELMER L
Address: 465 WILDWOOD DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: STD ( ) Delete
Name: CROMER, JAMES C
Address: 465 WILDWOOD DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: MOEN, MICHELE
Address: 160 ASHBY COVE LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: PAMELA WINCHESTER VD 05/04/2006

Electronic Signature of Signing Officer or Director — Date