2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007
Secretary of State

DOCUMENT# N06000008412

Entity Name: BENGALI WILDLIFE PARK, EDUCATION AND RESEARCH CENTER INCORPORATED

Current Principal Place of Business:

2100 TOCOI TERRACE
ST AUGUSTINE, FL 32092 US

New Principal Place of Business:

Current Mailing Address:

2100 TOCOI TERRACE
ST AUGUSTINE, FL 32092 US

New Mailing Address:

FEI Number: 20-5347353 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MANORAM, JEROLD
2100 TOCOI TERRACE
ST AUGUSTINE, FL 32092 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: PRES ( ) Delete
Name: MANORAM, JEROLD
Address: 2100 TOCOI TERRACE
City-St-Zip: ST AUGUSTINE, FL 32092 US

Title: V P ( ) Delete
Name: MANORAM, JEROLD
Address: 2100 TOCOI TERRACE
City-St-Zip: ST AUGUSTINE, FL 32092 US

Title: SEC ( ) Delete
Name: MANORAM, JEROLD
Address: 2100 TOCOI TERRACE
City-St-Zip: ST AUGUSTINE, FL 32092 US

Title: TRES ( ) Delete
Name: MANORAM, JEROLD
Address: 2100 TOCOI TERRACE
City-St-Zip: ST AUGUSTINE, FL 32092 US

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:

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: JEROLD A MANORAM PRES 01/24/2007

Electronic Signature of Signing Officer or Director — Date