2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2005
Secretary of State

DOCUMENT# N43214

Entity Name: HELPING OUR WILDLIFE, INC.

Current Principal Place of Business:

5613 HEATHER WAY
MILTON, FL 32570 US

New Principal Place of Business:

Current Mailing Address:

5613 HEATHER WAY
MILTON, FL 32570 US

New Mailing Address:

FEI Number: 59-3051434 **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:

CLEVENGER, PAIGE A PD
5613 HEATHER WAY
MILTON, FL 32570 US

Name and Address of New Registered Agent:

VECCHITTO, PAIGE A PD
5613 HEATHER WAY
MILTON, FL 32570 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: PAIGE A VECCHITTO 06/26/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CLEVENGER, PAIGE A PD
Address: 5613 HEATHER WAY
City-St-Zip: MILTON, FL 32570

Title: DTS ( ) Delete
Name: NOEL, VIRGINIA E DTS
Address: 5613 HEATHER WAY
City-St-Zip: MILTON, FL 32570

Title: VD ( ) Delete
Name: CLIFTON, TONI L VD
Address: 7264 HAMPTON HILLS
City-St-Zip: NEW ALBANY, OH 43054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: VECCHITTO, PAIGE A PD
Address: 5613 HEATHER WAY
City-St-Zip: MILTON, FL 32570

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 Section 119.07(3)(i), 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: PAIGE A. VECCHITTO PD 06/26/2005
Electronic Signature of Signing Officer or Director Date