

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005432

FILED
Apr 29, 2005
Secretary of State

Entity Name: SAVE THE WILD CHINCHILLAS, INC.

Current Principal Place of Business:

1607 RED CEDAR DR., #9
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

1607 RED CEDAR DR., #9
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 31-1584774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DHAR, PARTHA
1607 RED CEDAR DR., #9
FORT MYERS, FL 33907 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: D () Delete
Name: BROTHERS, TIMOTHY PROF
Address: 425 UNIVERSITY BLVD. #213
City-St-Zip: INDIANAPOLIS, IN 46202

Title: DPT () Delete
Name: DEANE, AMY
Address: EL BALCON PARCELA 65
City-St-Zip: ILLAPEL, CHILE, OC

Title: D () Delete
Name: WRIGHT, NICOLE
Address: 4929 QUITE LANE
City-St-Zip: EUGENE, OR 97401

Title: D () Delete
Name: JIMENEZ, JAIME
Address: 651 N 400E
City-St-Zip: LOGAN, UT 84321

Title: CS () Delete
Name: CARTER, JOAN D
Address: 122 WEST MICHIGAN AVE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DPT (X) Change () Addition
Name: DEANE, AMY
Address: 101 CRAWFORD ST # 210
City-St-Zip: TERRE HAUTE, IN 47807

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JIMENEZ, JAIME
Address: UNIVERSIDAD DE LOS LAGOS CASILLA 933
City-St-Zip: OSORNO, CHILE, CL OC

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: AMY L. DEANE

DPT

04/29/2005

Electronic Signature of Signing Officer or Director

Date