2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003935

City-St-Zip:

James THE MILL DI IEE DESEADON TEAM I

FILED Jul 27, 2008 Secretary of State

Entity Name: THE WILDLIFE RESEARCH TEAM, INC.				
Current P	rincipal Place of Business:	New Prince	ipal Place of Business:	
4701 SW 4 BUILDING DAVIE, FL				
Current Mailing Address:		New Maili	ng Address:	
125	COUNTRY MANOR			
DAVIE, FL				
FEI Number: In accordance	65-0930245 FEI Number Applied For () FEI Noce with s. 607.193(2)(b), F.S., the corporation did not receive	umber Not Apple the prior notic		
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
125	NNA M COUNTRY MANOR 33328 US			
	named entity submits this statement for the purpose of Florida.	of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () Delete KAZO, DONNA M 8530 OLD COUNTRY MANOR #125 DAVIE, FL 33328 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () Delete KAZO, RYAN 1701 SW ARCH STREET PORT ST LUCIE, FL 34953 US	Title: Name: Address: City-St-Zip:	D (X) Change () Addition VOS, JACOBUS J DR 214 NW 75 WAY PLANTATION, FL 33317 US	
Title: Name: Address: City-St-Zip:	D () Delete HART, MICHAEL J DR 501 NW 75TH TERRACE PLANTATION, FL 33317 US	Title: Name: Address: City-St-Zip:	D (X) Change () Addition SHARFSTEIN, BRUCE DR 1101 LARCH WAY WELLINGTON, FL 33414 US	
Title: Name: Address: City-St-Zip:	D () Delete VOS, JACOBUS J DR 214 NW 75TH WAY PLANTATION, FL 33317 US	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BROWN, THOMAS MR 2636 NE 27 COURT FORT LAUDERDALE, FL 33306 US	
Title: Name: Address:	() Delete	Title: Name: Address:	D () Change (X) Addition CARTER, KEVIN E 939 SIESTA KEY BLVD, APT. 623	

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.

City-St-Zip:

DEERFIELD BEACH, FL 33441

SIGNATURE: DONNA M. KAZO DP 07/27/2008