2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005
Secretary of State

DOCUMENT# P01000018925

Entity Name: WILDERNESS ESCAPE LAND LIVESTOCK SERVICE, INC.

Current Principal Place of Business:

5700 LAKE WORTH ROAD
SUITE 111
LAKE WORTH, FL 334633208

New Principal Place of Business:

9440 SW 48TH AVE.
PALM CITY, FL 34990

Current Mailing Address:

5700 LAKE WORTH ROAD
SUITE 111
LAKE WORTH, FL 334633208

New Mailing Address:

9440 SW 48TH AVE.
PLAM CITY, FL 34990

FEI Number: 65-1076776 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELLS, MICHAEL D
5700 LAKE WORTH RD., STE 111
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

WELLS, MICHAEL D
9440 SW 48TH AVE.
PALM CITY, FL 34990 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: MICHAEL D. WELLS 03/10/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: WELLS, ANTHONY S
Address: 5700 LAKE WORTH ROAD SUITE 111
City-St-Zip: LAKE WORTH, FL 334633208

Title: VTD ( ) Delete
Name: WELLS, MICHAEL D
Address: 5700 LAKE WORTH ROAD SUITE 111
City-St-Zip: LAKE WORTH, FL 334633208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VTD (X) Change ( ) Addition
Name: WELLS, MICHAEL D
Address: 9440 SW 48TH AVE.
City-St-Zip: PALM CITY, FL 34990

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D. WELLS VTD 03/10/2005
Electronic Signature of Signing Officer or Director Date