2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2004 8:00 am Secretary of State DOCUMENT # P01000038291 1. Entity Name 04-12-2004 90315 026 ***150 00 WILDQUEST, INC. Principal Place of Business Mailing Address PO BOX 2077 PO BOX 2077 DELRAY BEACH, FL 33447 DELRAY BEACH, FL 33447 2. Principal Place of Business 3. Mailing Address POBOx 335 PO BOX 335 Suite, Apt. #, etc. Suite, Apt. #, etc. 03092004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For REAPH BEACH ANCHA DAWIM 65-1150608 Not Applicable Zip Country OK O Country \$8.75 Additional 5. Certificate of Status Desired Browner 33004 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HTD WOOD MCGOEY, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 209 N. SEACREST BLVD. BOYNTON BEACH, FL 33435 EUCHSTNE NW 351 Zip Code City DHOTE 티 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRESIDENT. KENNETH STAKT DPST TILL ☐ Delete TITLE Change Change Addition NAME START, KENNETH NAME STREET ADDRESS PO BOX 2077 PO BOX 335 STREET ADDRESS CITY ST-ZP DELRAY BEACH, FL 33447 CITY-ST-ZIP 3300 ¥ DANIA BEACH 6 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE . Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an appears, with all other like empowered. てりゅうこ サブラルのコラン SIGNATURE: SIGNATURE AND ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED