2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 10, 2005
Secretary of State

DOCUMENT# P03000100522

Entity Name: WILD WICKS & GIFTS, INC.

Current Principal Place of Business:

8276 GRIFFIN ROAD
DAVIE, FL 33328 US

New Principal Place of Business:

5120 S.W. 93RD AVE.
COOPER CITY, FL 33328 US

Current Mailing Address:

8276 GRIFFIN ROAD
DAVIE, FL 33328 US

New Mailing Address:

5120 S.W. 93RD AVE.
COOPER CITY, FL 33328 US

FEI Number: 81-0633109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KIELB, DAVID J
5120 S.W. 93RD AVE.
COOPER CITY, FL 33328 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: DAVID J KIELB

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KIELB, TRISHA M
Address: 8276 GRIFFIN ROAD
City-St-Zip: DAVIE, FL 33328 US

Title: VP ( ) Delete
Name: KIELB, DAVID J
Address: 8276 GRIFFIN ROAD
City-St-Zip: DAVIE, FL 33328 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KIELB, TRISHA M
Address: 5120 S.W. 93RD AVE.
City-St-Zip: COOPER CITY, FL 33328 US

Title: VP (X) Change ( ) Addition
Name: KIELB, DAVID J
Address: 5120 S.W. 93RD AVE.
City-St-Zip: COOPER CITY, FL 33328 US

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: TRISHA M KIELB P 02/10/2005

Electronic Signature of Signing Officer or Director Date