

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078347

Entity Name: WOLFSCREAM PRODUCTIONS, INC

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

5390 GALEWIND LANE
JACKSONVILLE, FL 32211

New Principal Place of Business:

13718 WINGFIELD PL
JACKSONVILLE, FL 32224

Current Mailing Address:

5390 GALEWIND LANE
JACKSONVILLE, FL 32211

New Mailing Address:

13718 WINGFIELD PL
JACKSONVILLE, FL 32224

FEI Number: 56-2460335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLF, WAYNE A
3733 UNIVERSITY BLVD W SUITE 203
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

WOLF, WAYNE A
6320 ST. AUGUSTINE RD
SUITE 8A
JACKSONVILLE, FL 32217 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:

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WOLF, CRAIG A
Address: 5390 GALEWIND LANE
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: WOLF, CRAIG A
Address: 13718 WINGFIELD PL
City-St-Zip: JACKSONVILLE, FL 32224

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: CRAIG A WOLF

MR

04/26/2005

Electronic Signature of Signing Officer or Director

Date