

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 JUL 13 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000125256 1. Entity Name WILDER PROPERTY DEVELOPMENT, INC.					
Principal Place of Business 7246 REMMET AVE CANOGA PK, CA 91303			Mailing Address 7246 REMMET AVE CANOGA PK, CA 91303		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o Conrad Swanson, Esquire			
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box TT			
City & State		City & State Plant City, FL			
Zip	Country	Zip	Country	4. FEI Number 20-1869649	
33564-9040		USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SWANSON, CONRAD 121 N COLLINS ST PLANT CITY, FL 33563				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARKAI, EHUD 5511 NAPOLEON DRIVE OAK PARK, CA 91377		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARKAI, EDITH 5511 NAPOLEON DRIVE OAK PARK, CA 91377		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 address, with all other like empowered.			000106627160 07/24/07--01023--016 ***558.75		
SIGNATURE: EHUD BARKAI <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7-10-07 818-206-0380 <small>Date Daytime Phone #</small>		