

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90177 017 \*\*\*150.00

<b>DOCUMENT # P05000013228</b> 1. Entity Name <b>WILDLIFE EMPORIUM, INC.</b>																																																																																																																	
Principal Place of Business <b>1409 WILDROSE DR LUTZ, FL 33549</b>			Mailing Address <b>1409 WILDROSE DR LUTZ, FL 33549</b>																																																																																																														
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 1695</b>																																																																																																															
City & State Lutz FL		4. FEI Number <b>20-2303631</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>																																																																																																															
Zip <b>33548</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																													
6. Name and Address of Current Registered Agent  <b>HENDERSON, SHERI L 1409 WILDROSE DR LUTZ, FL 33549</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <u><i>[Signature]</i></u> <span style="float: right;"><b>2-15-06</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																														
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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. SIGNATURE: <u><i>[Signature]</i></u> <span style="float: right;"><b>2-15-06 813-495-5372</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																	