2007 FOR PROFIT CORPORATION

FILED May 02, 2007 08:00 A Secretary of State

DOCUMENT # P05000117764 1. Enity Name WILD OLIVE, INC.								
Mailing Address								
797 NORTH PEARL STREET CRESTVIEW, FL 32536								
	Mailing Address 797 NORTH PEARL STREET							

			9 30 11 11					
Principal Plac	e of Business	Mailing Address						
797 NORTH Crestview,	PEARL STREET FL 32536	797 NORTH PEARL STREET CRESTVIEW, FL 32536						
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	A NOT MOITE			04302007	No Chg-P	CR2E034 (1	1/05)	
L	O NOT WRITE	IN THIS SPA	UE.	4. FE! Number	204		Applied For	
• • •				20-31316		<u> </u>	Not Applicable 5 Additional	
		<u> </u>	j, t	5. Certificate of	Status Desired		equired	
	6. Name and Address of Current Re	gistered Agent				4 6	d _i	
MCDUFFIE, MICHAEL S 797 NORTH PEARL STREET				DO N	W TOP	RITE		
	EW, FL 32536			and the second	HIS SP			
					FIIO OF	ACE		
				(B)				
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 bite it applicable. (NOTE: Registered Agent signature required v			d when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.			i.00 May Be ded to Fees	U0000/ 05/22/07	0754126 -80046-02	3 150.00		
10.	OFFICERS AND DI	RECTORS	Isia salat d	Major State of the section	344 344	1 B		
TITLE	PD CHIRLINA CHRISTOPHER							
NAME STREET ADDRESS	CHIRUM, CHRISTOPHER J 748 VINTAGE CIRCLE		#	* * * * * * * * * * * * * * * * * * * *	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
CITY+ST+ZIP	DESTIN, FL 32541				ati _p			
TITLE NAME	VPD MCDUFFIE, SUSAN R			•	,	,	•	
STREET ADDRESS	5841 FRIENDSHIP LANE						•	
CITY-ST-ZIP	CRESTVIEW, FL 32536		-	ا با المادي المادي المادي المادي الماد		, ,	,	
TITLE NAME	SD MCDUFFIE, MICHAEL S		4.44					
STREET ADDRESS	5841 FRIENDSHIP LANE				NAT W			
CITY-ST-ZIP	CRESTVIEW, FL 32536				NOT W	1 to 1		
TITLE NAME	TD CHIRUM, ESTHER T		*s	IN T	HIS SF	ACE		
STREET ADDRESS	748 VINTAGE CIRCLE		1	,	* * * * * * * * * * * * * * * * * * *	'		
CITY-ST-ZiP	DESTIN, FL 32541		-	•				
TITLE NAME				والمراجع والمراجع	diana i		•	
STREET ADDRESS					ji jida _{na} . Kasi pita	ر بازد داد. م بازد داد.		
CITY-ST-ZIP								
NAME						ALCONOMICS OF THE SECONDARY OF THE SECON		
STREET ADDRESS CITY-ST-ZIP	•		4	4			1	
OIII-OI-EIF						.;		

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 reflexer 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 attachypen with an address, with all otifical like empowered.

SHI Lichnels McDuffe

(850) 682-4357