

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000125786

Entity Name: WILD GINGER STUDIOS INC.

FILED  
Jan 25, 2008  
Secretary of State

## Current Principal Place of Business:

220 PALMER STREET  
GREEN COVE SPRINGS, FL 32043

## New Principal Place of Business:

## Current Mailing Address:

220 PALMER ST  
GREEN COVE SPRINGS, FL 32043 US

## New Mailing Address:

220 PALMER STREET  
GREEN COVE SPRINGS, FL 32043

FEI Number: 20-3460587

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARR, AJ  
5000-18 HWY 17  
SUITE 234  
ORANGE PARK, FL 32003 US

## Name and Address of New Registered Agent:

BARR, AJ  
5000 US HWY 17  
SUITE 18, # 234  
ORANGE PARK, FL 32003 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:

01/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BARR, AJ  
Address: 5000-18 HWY 17  
City-St-Zip: ORANGE PARK, FL 32003 US

Title: VP ( ) Delete  
Name: BRUNETTI, SAM  
Address: 5000-18 HWY 17  
City-St-Zip: ORANGE PARK, FL 32003 US

Title: DIR ( ) Delete  
Name: PERSONS, KAREN  
Address: 2940 HICKORY KNOLLS  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BARR, AJ  
Address: 5000-18 HWY 17, #234  
City-St-Zip: ORANGE PARK, FL 32003 US

Title: VP (X) Change ( ) Addition  
Name: BRUNETTI, SAM  
Address: 5000-18 HWY 17, #234  
City-St-Zip: ORANGE PARK, FL 32003 US

Title: DIR (X) Change ( ) Addition  
Name: PERSONS, KAREN  
Address: 2940 MAJESTIC OAKS LANE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: AJ BARR

PRES

01/25/2008

Electronic Signature of Signing Officer or Director

Date