2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000069469

Entity Name: WETLAND SCIENCES, INC.

FILED Feb 02, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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100 WEST HERMAN ST 5022-A WEST FAIRFIELD DR PENSACOLA, FL 32505 US PENSACOLA, FL 32506 US

Current Mailing Address: New Mailing Address:

100 WEST HERMAN ST 5022-A WEST FAIRFIELD DR PENSACOLA, FL 32505 US PENSACOLA, FL 32506 US

FEI Number: 59-3217764 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARTIN, CRAIG D

100 WEST HERMAN STREET

PENSACOLA, FL 32505 US

MARTIN, CRAIG D

5022-A WEST FAIRFIELD DR

PENSACOLA, FL 32506 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: 02/02/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: MOSHIRI, GERALD A Name: MARTIN, CRAIG D

 Name:
 MOSHIRI, GERALD A
 Name:
 MARTIN, CRAIG D

 Address:
 PO BOX 901
 Address:
 2730 BLACKSHEAR DRIVE

 City-St-Zip:
 GULF BREEZE, FL 32562
 City-St-Zip:
 PENSACOLA, FL 32503

Title: VP () Delete Title: VP (X) Change () Addition Name: MARTIN, CRAIG D Name: JOHNSON, KEITH D

 Name:
 MARTIN, CRAIG D
 Name:
 JOHNSON, KEITH D

 Address:
 2730 BLACKSHEAR DRIVE
 Address:
 4100 SPINNAKER PL

 City-St-Zip:
 PENSACOLA, FL 32503
 City-St-Zip:
 PENSACOLA, FL 32507

Title: T (X) Delete Title: () Change () Addition

 Name:
 JOHNSON, KEITH D
 Name:

 Address:
 4100 SPINNAKER PL
 Address:

 City-St-Zip:
 PENSACOLA, FL
 32507
 City-St-Zip:

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 D MARTIN P 02/02/2005