

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90102 036 ***150.00

DOCUMENT # P94000001042

1. Entity Name
AMERICAN BISON NATURAL MEATS, INC.



Principal Place of Business
 7021 CITRUS POINT CT
 WINTER PARK, FL 32792 US

Mailing Address
 PO BOX 637
 WINTER PARK, FL 32790 US

50011239



2. Principal Place of Business
34060 FORTUNADO ST.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04052006 Chg-P CR2E034 (11/05)

City & State
SORRENTO, FL

City & State

Zip
32776

Country
LAKE

Zip

Country

4. FEI Number
59-3216747

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE, SCOTT
1601 HIGHLAND RD
WINTER PARK, FL 32789

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P	WALLACE, SCOTT 7021 CITRUS POINT CT WINTER PARK, FL 32792	<input type="checkbox"/> Delete
TITLE VPS	WALLACE, CINDY 7021 CITRUS POINT CT WINTER PARK, FL 32792	<input type="checkbox"/> Delete
TITLE NAME		<input type="checkbox"/> Delete
TITLE NAME		<input type="checkbox"/> Delete
TITLE NAME		<input type="checkbox"/> Delete
TITLE NAME		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT	WALLACE, SCOTT 34060 FORTUNADO ST. SORRENTO, FL 32776	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VICE-PRESIDENT	WALLACE, CINDY 34060 FORTUNADO ST. SORRENTO, FL 32776	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Scott Wallace* **SCOTT WALLACE** 4-5-06 352.483-2503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #