

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90123 032 ***150.00

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DOCUMENT # P94000033333					
1. Entity Name WILDLIFE SCULPTURES, INC.					
Principal Place of Business 8097 SW YACHTSMANS DR STUART, FL 34997			Mailing Address 8097 SW YACHTSMANS DR STUART, FL 34997		
2. Principal Place of Business 8097 SW YACHTSMANS DR. Suite, Apt. #, etc.		3. Mailing Address 8097 SW YACHTSMANS DR. Suite, Apt. #, etc.		07082005 Chg-P CR2E034 (10/03)	
City & State STUART FL		City & State STUART FL		4. FEI Number 65-0491304	
Zip 34997		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GARGIULO, LORRAINE 8097 SW YACHTSMANS DR STUART, FL 34997			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: LORRAINE GARGIULO <i>Lorraine Gargiulo</i> 7/9/05 Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when re-registering) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARGIULO, ANTHONY J 8097 SW YACHTSMANS DR STUART, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARGIULO, LORRAINE 8097 SW YACHTSMANS DR STUART, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: LORRAINE GARGIULO <i>Lorraine Gargiulo</i> 287-9549 (972) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR SUBSCRIBER Date Daytime Phone #					