

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                                          |     |                                                                         |                                                                                                                                                                                  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P95000062715</b><br>1. Entity Name<br><b>MYAKKA VALLEY SAFARIS, INC.</b>                                                                                                                                        |                                          |     |                                                                         |                                                                                                                                                                                  |  |
| Principal Place of Business<br><b>5004 RIVERVIEW BLVD. W<br/>BRADENTON FL 34209</b>                                                                                                                                           |                                          |     | Mailing Address<br><b>5004 RIVERVIEW BLVD. W<br/>BRADENTON FL 34209</b> |                                                                                                                                                                                  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                         |                                          |     | 3. Mailing Address<br>Suite, Apt. #, etc.                               |                                                                                                                                                                                  |  |
| City & State                                                                                                                                                                                                                  |                                          |     | City & State                                                            |                                                                                                                                                                                  |  |
| Zip                                                                                                                                                                                                                           | Country                                  | Zip | Country                                                                 | 4. FEI Number <b>65-0604763</b> <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applied         </div>     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                     |                                          |     |                                                                         | <b>\$8.75 Additional Fee Required</b>                                                                                                                                            |  |
| 5. Name and Address of Current Registered Agent<br><br><b>WALTERS, CLIFFORD L<br/>802 11TH ST. WEST<br/>BRADENTON FL 34205</b>                                                                                                |                                          |     |                                                                         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code         </span> |  |
| 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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____                                                         |                                          |     |                                                                         |                                                                                                                                                                                  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                               |                                          |     |                                                                         | 9. Election Campaign Financing <b>\$5.00</b> May<br>Trust Fund Contribution. <input type="checkbox"/> Added to Fee                                                               |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                                          |     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)                 |                                                                                                                                                                                  |  |
| TITLE                                                                                                                                                                                                                         | <b>S</b> <input type="checkbox"/> Delete |     | TITLE                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                     |  |
| NAME                                                                                                                                                                                                                          | <b>TURNER, RICHARD E</b>                 |     | NAME                                                                    |                                                                                                                                                                                  |  |
| STREET ADDRESS                                                                                                                                                                                                                | <b>5004 RIVERVIEW BLVD. W</b>            |     | STREET ADDRESS                                                          |                                                                                                                                                                                  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   | <b>BRADENTON FL 34209</b>                |     | CITY-ST-ZIP                                                             |                                                                                                                                                                                  |  |
| TITLE                                                                                                                                                                                                                         | <input type="checkbox"/> Delete          |     | TITLE                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                     |  |
| NAME                                                                                                                                                                                                                          |                                          |     | NAME                                                                    |                                                                                                                                                                                  |  |
| STREET ADDRESS                                                                                                                                                                                                                |                                          |     | STREET ADDRESS                                                          |                                                                                                                                                                                  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                          |     | CITY-ST-ZIP                                                             |                                                                                                                                                                                  |  |
| TITLE                                                                                                                                                                                                                         | <input type="checkbox"/> Delete          |     | TITLE                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                     |  |
| NAME                                                                                                                                                                                                                          |                                          |     | NAME                                                                    |                                                                                                                                                                                  |  |
| STREET ADDRESS                                                                                                                                                                                                                |                                          |     | STREET ADDRESS                                                          |                                                                                                                                                                                  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                          |     | CITY-ST-ZIP                                                             |                                                                                                                                                                                  |  |
| TITLE                                                                                                                                                                                                                         | <input type="checkbox"/> Delete          |     | TITLE                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                     |  |
| NAME                                                                                                                                                                                                                          |                                          |     | NAME                                                                    |                                                                                                                                                                                  |  |
| STREET ADDRESS                                                                                                                                                                                                                |                                          |     | STREET ADDRESS                                                          |                                                                                                                                                                                  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                          |     | CITY-ST-ZIP                                                             |                                                                                                                                                                                  |  |
| TITLE                                                                                                                                                                                                                         | <input type="checkbox"/> Delete          |     | TITLE                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                     |  |
| NAME                                                                                                                                                                                                                          |                                          |     | NAME                                                                    |                                                                                                                                                                                  |  |
| STREET ADDRESS                                                                                                                                                                                                                |                                          |     | STREET ADDRESS                                                          |                                                                                                                                                                                  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                          |     | CITY-ST-ZIP                                                             |                                                                                                                                                                                  |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Richard E. Turner, Pres. 1/24/06 941-720-46  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #