

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000073738

FILED
Jan 11, 2006
Secretary of State

Entity Name: CEDARWILD ASSOCIATES, INC.

Current Principal Place of Business:

4675 STABLES WAY
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

2539 FAIRWAY ISLAND DRIVE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 65-0610688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOPER, WILLARD B II
2539 FAIRWAY ISLAND DRIVE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCS () Delete
Name: SOPER, WILLARD B II
Address: 2539 FAIRWAY ISLAND DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: VP () Delete
Name: SOPER, KAREN S
Address: 2539 FAIRWAY ISLAND DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: VTD () Delete
Name: SOPER, JARED E
Address: APT B104 3701 SO FLAGLER
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VTD (X) Change () Addition
Name: SOPER, JARED E
Address: 280 EDGEWOOD DRIVE
City-St-Zip: WEST PALM BEACH, FL 33405

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLARD B. SOPER II

DCS

01/11/2006

Electronic Signature of Signing Officer or Director

Date