2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 28, 2007
Secretary of State

DOCUMENT# P97000027841

Entity Name: WOLF ISLAND, INC.

Current Principal Place of Business:

3065 HWY 29 N
3065 STATE ROAD 29 N
IMMOKALEE, FL 34142 US

New Principal Place of Business:

12021 BARFIELD ROAD
IMMOKALEE, FL 34142 US

Current Mailing Address:

3065 STATE RD. 29 N
IMMOKALEE, FL 34142 US

New Mailing Address:

12021 BARFIELD ROAD
IMMOKALEE, FL 34142 US

FEI Number: 59-3439818 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BARFIELD, JAMES E
3065 HWY 29 N
IMMOKALEE, FL 34142 US

Name and Address of New Registered Agent:

BARFIELD, JAMES E
12021 BARFIELD ROAD
IMMOKALEE, FL 34142 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: JAMES E BARFIELD 11/28/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BARFIELD, JAMES E
Address: 3065 HWY 29 N
City-St-Zip: IMMOKALEE, FL 34142

Title: VD ( ) Delete
Name: BARFIELD, JAMES F
Address: 301 RIVERSIDE DRIVE
City-St-Zip: EVERGLADES CITY, FL 34139 US

Title: STD ( ) Delete
Name: BARFIELD, THOMAS W
Address: 3065 HWY 29 N
City-St-Zip: IMMOKALEE, FL 34142

Title: D (X) Delete
Name: BARFIELD, ALICE E
Address: 3065 HWY 29 N
City-St-Zip: IMMOKALEE, FL 34142

Title: D (X) Delete
Name: BARFIELD, MARY A
Address: 3065 HWY 29 N
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BARFIELD, JAMES E
Address: 12021 BARFIELD ROAD
City-St-Zip: IMMOKALEE, FL 34142

Title: STD (X) Change ( ) Addition
Name: BARFIELD, THOMAS W
Address: 12021 BARFIELD ROAD
City-St-Zip: IMMOKALEE, FL 34142

Title: D (X) Change ( ) Addition
Name: BARFIELD, ALICE E
Address: 12021 BARFIELD ROAD
City-St-Zip: IMMOKALEE, FL 34142

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JAMES E BARFIELD PD 11/28/2007
Electronic Signature of Signing Officer or Director Date