

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000085818

Entity Name: WILD ADVENTURES, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

1501 SW 7TH AVE
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

1501 SW 7TH AVE
POMPANO BEACH, FL 33060 US

New Mailing Address:

FEI Number: 65-0786333 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHROEDER, SHAUN
1501 SW 7TH AVE
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

SCHROEDER, SHAUN P
1501 SW 7TH AVE
POMPANO BEACH, FL 33060 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: SHAUN SCHROEDER

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: SCHROEDER, SHAUN
Address: 1501 SW 7TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: SCHROEDER, SHAUN P
Address: 1501 SW 7TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: PRES () Change (X) Addition
Name: SHAUN, SCHROEDER P
Address: 1501 SW 7 AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: PRES () Change (X) Addition
Name: SHAUN, SCHROEDER P
Address: 1501 SW 7 AVE
City-St-Zip: POMPANO BEACH, FL 33060

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Title: PRES () Change (X) Addition
Name: SHAUN, SCHROEDER P
Address: 1501 SW 7 AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: PRES () Change (X) Addition
Name: SHAUN, SCHROEDER P
Address: 1501 SW 7 AVE
City-St-Zip: POMPANO BEACH, FL 33060

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: SHAUN SCHROEDER

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date