

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000078243

1. Entity Name
RENAISSANCE GONE WILD, INC.



Principal Place of Business
501 KNIGHTS RUN AVENUE
#2319
TAMPA, FL 33602 US

Mailing Address
501 KNIGHTS RUN AVENUE
#2319
TAMPA, FL 33602 US

2. Principal Place of Business - No P.O. Box # **7012 TRYSTAL CIR**
Suite, Apt. #, etc. **7012 TRYSTAL CIR**

3. Mailing Address
Suite, Apt. #, etc. **7012 TRYSTAL CIR**

City & State **TAMPA, FL**
Zip **33607** Country **USA** Zip **33607** Country **USA**

6. Name and Address of Current Registered Agent

KALINA, CRAIG J
501 KNIGHTS RUN AVENUE
#2319
TAMPA, FL 33602

4. FEI Number **33-0767491** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name **CRAIG J. KALINA**
Street Address (P.O. Box Number is Not Acceptable)
7012 TRYSTAL CIRCLE

City **TAMPA** FL **33607** Zip Code **33607**

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 **4/20/07**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

8. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PTS** Delete
NAME **KALINA, CRAIG J**
STREET ADDRESS **501 KNIGHTS RUN AVENUE, #2319**
CITY-ST-ZIP **TAMPA, FL 33602**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition
7012 TRYSTAL CIRCLE
TAMPA, FL 33607

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-629-6080

**FILED
Apr 26, 2007 8:00 am
Secretary of State**

04-26-2007 90182 040 ***150.00