## **2006 FOR PROFIT CORPORATION**

## Mar 20, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P98000083965 WILDLIFE JEWELRY, INC. Mailing Address Principal Place of Business 200 GULF STREAM WAY 902 W BATTLEFIELD DANIA, FL 33004 SUITE A-100 SPRINGFIELD, MO 65807 No Cha-P CR2E034 (11/05) 02072006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 65-0870759 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, JANET DO NOT WRITE 200 GULF STREAM WAY **DANIA, FL 33004** IN THIS SPACE 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 pointed name of registered agent and title if epplicable (NOTE: flegistered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME SMITH, JANET STREET ADDRESS 5712 S FR 137 SPRINGFIELD, MO 65810 CHTY-ST-ZIP UUE

U90000473617 03/31/06-80024-801 150.00

**FILED** 

## DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 calls, that I am an officer or director of the occupration or the receiver or trustee empowered tighescute 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:

SMITH, CHARLES

SPRINGFIELD, MO 65810

5712 S FR 137

NAME STREET ADDRESS

3131.5 NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

C139 - ST - Z1P

STREET ADDRESS CITY-ST-21P

TED NAME OF SIGNING OFFICER OR DIRECTOR