

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000000273

Entity Name: THE WANDERLUST GROUP, INC.

Current Principal Place of Business:

449 THAMES ST UNIT 200
NEWPORT, RI 02840

Current Mailing Address:

PO BOX 179
FREEPORT, ME 04032 US

FEI Number: 47-1864371

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH ST N STE 300
ST PETERSBURG, FL 33702 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MELILLO, MICHAEL
Address 449 THAMES ST UNIT 200
City-State-Zip: NEWPORT RI 02840

Title SECRETARY
Name PERNA, MIKE
Address 449 THAMES ST UNIT 200
City-State-Zip: NEWPORT RI 02840

Title TREASURER
Name MELILLO, MICHAEL
Address 449 THAMES ST UNIT 200
City-State-Zip: NEWPORT RI 02840

Title DIRECTOR
Name LAMAR, HOWARD
Address 449 THAMES ST UNIT 200
City-State-Zip: NEWPORT RI 02840

Title DIRECTOR
Name LEACH, ANTHONY
Address 449 THAMES ST UNIT 200
City-State-Zip: NEWPORT RI 02840

Title DIRECTOR
Name MCKILLEN, RYAN
Address 449 THAMES ST UNIT 200
City-State-Zip: NEWPORT RI 02840

Title DIRECTOR
Name SHERMAN, JD
Address 449 THAMES ST UNIT 200
City-State-Zip: NEWPORT RI 02840

Title DIRECTOR
Name YO, GABRIELLE
Address 449 THAMES ST UNIT 200
City-State-Zip: NEWPORT RI 02840

I hereby 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 all other like empowered.

SIGNATURE: MIKE PERNA

SECRETARY

02/04/2024

Electronic Signature of Signing Officer/Director Detail

Date