

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008232

FILED
Mar 17, 2009
Secretary of State

Entity Name: CAMEROON WILDLIFE AID FUND INC.

Current Principal Place of Business:

205 S. DIXIE DRIVE
1014
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

205 S. DIXIE DRIVE
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 76-0834562 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAUSE, MATTHEW
205 S. DIXIE DRIVE
1014
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARROLL, BRYAN
Address: 66 FARLEIGH RD
City-St-Zip: BLACKWELL BRISTOL GB BS48 3P,

Title: D () Delete
Name: ASHFORD, RICHARD
Address: 142 MEOLS PARADE
City-St-Zip: WIRRAL MERSEYSIDE, GB CH47 6,

Title: D () Delete
Name: MADDISON, NEIL
Address: 24 MAYNARD TERRACE
City-St-Zip: CLUTTON BRISTOL BS39 5PL,

Title: PD () Delete
Name: CARTER, STUART
Address: 4 VICTORIA DRIVE
City-St-Zip: WIRRAL MERSEYIDE, GB CH48 0Q,

Title: SD () Delete
Name: JOHNSON, MIKE
Address: THE COPPICE TABLEY RD
City-St-Zip: KNUTSFORD CHESHIRE, GB WA16,

Title: TD () Delete
Name: MCLANEY, CAROLINE
Address: GARDEN FLAT 3 WEST MALL
City-St-Zip: CLIFTON BRISTOL, GB BS8 4BH,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLINE MCLANEY

TD

03/17/2009

Electronic Signature of Signing Officer or Director

_____ Date