



State of California Secretary of State

S

07-268809

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STATEMENT OF INFORMATION (Domestic Stock Corporation)

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1 CORPORATE NAME (Please do not alter if name is preprinted)

C2296071 WICKED WILDS, INC. 509 SO CEDROS AVE STE E SOLANA BEACH CA 92075

FILED In the office of the Secretary of State of the State of California

JUN 01 2007

This Space For Filing Use Only

DUE DATE: 05-31-07

CALIFORNIA CORPORATE DISCLOSURE ACT (Corporations Code section 1502.1)

A publicly traded corporation must file with the Secretary of State a Corporate Disclosure Statement (Form SI-PT) annually, within 150 days after the end of its fiscal year. Please see reverse for additional information regarding publicly traded corporations

NO CHANGE STATEMENT

2 [] If there has been no change in any of the information contained in the last Statement of Information filed with the Secretary of State, check the box and proceed to Item 15. If there have been any changes to the information contained in the last Statement of Information filed with the Secretary of State, or no statement has been previously filed, this form must be completed in its entirety.

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 3 and 4 cannot be P.O. Boxes.)

3 STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY AND STATE ZIP CODE 509 SO. CEDROS AVE, STE. E SOLANA BEACH CA 92075
4 STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE SAME CA

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

5. CHIEF EXECUTIVE OFFICER/ ADDRESS CITY AND STATE ZIP CODE JONATHAN DAVID CHELF 509 S. CEDROS AVE, STE. E. SOLANA BEACH, CA 92075
6. SECRETARY/ ADDRESS CITY AND STATE ZIP CODE PATRICIA THOMPSON 509 S. CEDROS AVE, STE. E. SOLANA BEACH, CA 92075
7. CHIEF FINANCIAL OFFICER/ ADDRESS CITY AND STATE ZIP CODE LARRY CORTES 509 S. CEDROS AVE STE E. SOLANA BEACH, CA 92075

NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director. Attach additional pages, if necessary.)

8. NAME ADDRESS CITY AND STATE ZIP CODE JONATHAN DAVID CHELF 509 SO. CEDROS AVE, STE E SOLANA BEACH CA 92075
9. NAME ADDRESS CITY AND STATE ZIP CODE BRIDGET CHELF 509 SO. CEDROS AVE, STE E SOLANA BEACH CA 92075
10. NAME ADDRESS CITY AND STATE ZIP CODE

11 NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 13 must be left blank.)

12 NAME OF AGENT FOR SERVICE OF PROCESS JONATHAN DAVID CHELF
13 ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE 509 SO. CEDROS AVE, STE E. SOLANA BEACH CA 92075

TYPE OF BUSINESS

14 DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION AGRICULTURAL

15 BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT

TRISH THOMPSON TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM Unisli Thompson SIGNATURE SECRETARY TITLE 5-29-07 DATE