

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002403

FILED  
May 12, 2006  
Secretary of State

Entity Name: AFRICAN ELEPHANT CONSERVATION TRUST, INC.

**Current Principal Place of Business:**

500 TREASURE CAY DRIVE #208  
FORT PIERCE, FL 34947

**New Principal Place of Business:**

**Current Mailing Address:**

500 TREASURE CAY DRIVE #208  
FORT PIERCE, FL 34947

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SWART, BETSY  
500 TREASURE CAY DRIVE #208  
FORT PIERCE, FL 34947 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: CP ( ) Delete  
Name: ROUSE, SUSANNAH  
Address: SPRING HILL FARM  
City-St-Zip: PHOENIXVILLE, PA 19460

Title: VCVF ( ) Delete  
Name: HEATH, NEILL  
Address: 93 WORMAN RD.  
City-St-Zip: STOCKTON, NJ 08559

Title: DS ( ) Delete  
Name: BRESKIN, DAVID  
Address: 1061 FRANCESCO ST.  
City-St-Zip: SF, CA 94109

Title: T ( ) Delete  
Name: LUDWIG, BRUCE  
Address: 545 S. FIQUEROA ST  
City-St-Zip: LA, CA 90071

Title: D ( ) Delete  
Name: MOSS, CYNTHIA  
Address: 10 STATE ST.  
City-St-Zip: NEWBERRYPORT, MA 01950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MS. (X) Change ( ) Addition  
Name: ROUSE, SUSANNAH  
Address: SPRING HILL FARM  
City-St-Zip: PHOENIXVILLE, PA 19460

Title: MR. (X) Change ( ) Addition  
Name: YOUNG, DON  
Address: 10 STATE STREET  
City-St-Zip: NEWBURYPORT, MA 01950

Title: MR. (X) Change ( ) Addition  
Name: BRESKIN, DAVID  
Address: 1061 FRANCISCO ST.  
City-St-Zip: SF, CA 94109

Title: MR. (X) Change ( ) Addition  
Name: LUDWIG, BRUCE  
Address: 545 S. FIQUEROA ST  
City-St-Zip: LA, CA 90071

Title: DR. (X) Change ( ) Addition  
Name: MOSS, CYNTHIA  
Address: 10 STATE ST.  
City-St-Zip: NEWBURYPORT, MA 01950

I hereby certify that the information supplied with this filing does not qualify for the 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: BETSY SWART

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

MS.

05/12/2006

\_\_\_\_\_ Date