2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006
Secretary of State

DOCUMENT# N01000003232

Entity Name: ANIMAL COALITION OF TAMPA, INC.

Current Principal Place of Business:

8617 BETH CT.
ODESSA, FL 33556

New Principal Place of Business:

1719 WEST LEMON ST.
TAMPA, FL 33606

Current Mailing Address:

17633 GUNN HWY.
#180
ODESSA, FL 33556

New Mailing Address:

FEI Number: 59-3713414 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMILTON, LINDA R
8617 BETH CT.
ODESSA, FL 33556 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: PD ( ) Delete
Name: HAMILTON, LINDA
Address: 8617 BETH CT.
City-St-Zip: ODESSA, FL 33556

Title: TD ( ) Delete
Name: HAMILTON, FRANK PH.D.
Address: 8617 BETH CT.
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete
Name: WILKERSON, ANITA
Address: 5906 COVE LANDING, #101
City-St-Zip: BURKE, VA 22015

Title: D ( ) Delete
Name: BELTRAM, BILLIE
Address: PO BOX 151683
City-St-Zip: TAMPA, FL 33684

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HAMILTON, LINDA
Address: 8617 BETH CT.
City-St-Zip: ODESSA, FL 33556

Title: PD (X) Change ( ) Addition
Name: HAMILTON, FRANK PH.D.
Address: 8617 BETH CT.
City-St-Zip: ODESSA, FL 33556

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

Title: TD (X) Change ( ) Addition
Name: BELTRAM, BILLIE
Address: PO BOX 151683
City-St-Zip: TAMPA, FL 33684

Title: D ( ) Change (X) Addition
Name: LEE, IRENE DVM
Address: 11613 RENAISSANCE VIEW CT
City-St-Zip: TAMPA, FL 33626

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: FRANK HAMILTON PD 03/20/2006

Electronic Signature of Signing Officer or Director — Date