2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 17, 2006 8:00 am Secretary of State DOCUMENT # N01000003423 1. Entity Name 04-17-2006 90338 031 ****61.25 STAND UP FOR ANIMALS, INC. Principal Place of Business Mailing Address 10550 AVIATION BLVD 7932 TUNA DRIVE MARATHON FL 33050 MARATHON FL 33050 2. Principal Place of Business 3. Mailing Address 10550 Aviation Blud. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State 4. FEI Number larathin 65-1134062 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \Box Jonnol Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOTTWALD, LINDA 10550 AVIATION BLVD Street Address (P.O. Box Number is Not Acceptable) MARATHON FL 33050 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. 4/6/05 DATE SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 \Box Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Delete ☐ Change ☐ Addition GOTTWALD, LINDA STREET ADDRESS 29162 IRIS DR: " STREET ADDRESS BIG PINE KEY FL 33404 CITY - ST-ZIP CITY-ST-ZIP SD Detete ☐ Change ☐ Addition JORDAN, VERONICA NAME NAME PO-BOX 1911 STREET ADDRESS STREET ADDRESS DAVIS GA 95617 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME HIRSCH, LARRY NAME STREET ADDRESS 8 HUGH STREET STREET ADDRESS CITY-ST-ZIP WESTERLY RI 02891 CITY-ST-ZIP Presid. ☐ Addition TITLE ☐ Delete TITLE NAME MYERS, PETER NAME STREET ADDRESS 27410 BARBADIS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RAMROD KEY FL 33042 Delete ☐ Change Addition CINDY WOLK MAPES, LYNN NAME NAME 30TH Street 57723 MORTON ST STREET ADDRESS STREET ADDRESS MARATHON FL 33050 CITY-ST-ZIP CITY-ST-ZIP 33050 MARA DHON TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an appears, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPE

FILED