


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

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000008967</b> 1. Entity Name <b>LAST CHANCE ANIMAL SANCTUARY, INC.</b>	
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Principal Place of Business <b>7535 CASTLE DRIVE SARASOTA FL 34240</b>	Mailing Address <b>PO BOX 50162 SARASOTA FL 34232-0301</b>
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2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>57-1139162</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip	Country	Zip
		Country

1st MOORE CR2E037 (10/05)

**6. Name and Address of Current Registered Agent**

**MANN, CARRIE  
7535 CASTLE DRIVE  
SARASOTA FL 34240**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** 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.

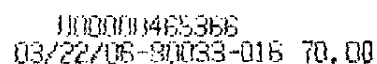
SIGNATURE *Carrie Mann* DATE **3-9-06**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD MANN, CARRIE	<input type="checkbox"/> Delete
NAME	7535 CASTLE DRIVE	
STREET ADDRESS	SARASOTA FL 34240	
CITY-ST-ZIP		
TITLE	VPD DEERING, LORA	<input type="checkbox"/> Delete
NAME	402 WALTER AVENUE	
STREET ADDRESS	FAIRFIELD OH 45014	
CITY-ST-ZIP		
TITLE	ST DANIELE, MICHELLE	<input type="checkbox"/> Delete
NAME	3321 WILLIAMNSBURG ST	
STREET ADDRESS	SARASOTA FL 34231	
CITY-ST-ZIP		
TITLE	T TRUESCHEL, DEBBIE	<input type="checkbox"/> Delete
NAME	22108 26T HAVE. EAST	
STREET ADDRESS	BRADENTON FL 34211	
CITY-ST-ZIP		
TITLE	AT GREY, KATHRYN	<input type="checkbox"/> Delete
NAME	3816 CHESTNUT AVE	
STREET ADDRESS	SARASOTA FL 34234	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	<div style="text-align: center;">                       03/22/06-30033-016 70.00                 </div>	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify 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 address, with all other like empowered.

SIGNATURE *Carrie Mann* DATE **3-9-06**