

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37564

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: DUMOND CONSERVANCY FOR PRIMATES AND TROPICAL FORESTS, INC.

**Current Principal Place of Business:**

C/O MONKEY JUNGLE  
P O BOX 246  
MIAMI, FL 33170

**New Principal Place of Business:**

C/O MONKEY JUNGLE  
14805 SW 216 ST  
MIAMI, FL 33170

**Current Mailing Address:**

C/O MONKEY JUNGLE  
P O BOX 246  
MIAMI, FL 33170

**New Mailing Address:**

FEI Number: 65-0201636      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DUMOND, FRANK V., JR.  
14805 SW 216 ST  
MIAMI, FL 33170      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: DUMOND, FRANK V., JR. .  
Address: 14805 SW 216 ST  
City-St-Zip: MIAMI, FL

Title: STD      ( ) Delete  
Name: DUMOND, SHARON,  
Address: 14805 SW 216 ST  
City-St-Zip: MIAMI, FL 33170

Title: D      ( ) Delete  
Name: GREEN, STEVEN, M,  
Address: 25920 SW 193 AVE  
City-St-Zip: HOMESTEAD, FL

Title: D      ( ) Delete  
Name: LOCKWOOD, FRANK  
Address: 505 EAST SIXTH AVENUE  
City-St-Zip: TALLAHASSEE, FL

Title: D      ( ) Delete  
Name: BLAIRE, BONNIE  
Address: 2655 LE JENNE RD SUITE 1108  
City-St-Zip: MIAMI, FL 33134

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: SIAN EVANS

DR.

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date