

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39401

FILED
Apr 30, 2007
Secretary of State

Entity Name: THE INTERNATIONAL IGUANA SOCIETY, INC.

Current Principal Place of Business:

24305 S.W. 142 AVENUE
PRINCETON, FL 33032 US

New Principal Place of Business:

Current Mailing Address:

5100 POTOMAC DRIVE
KNOXVILLE, TN 37920 US

New Mailing Address:

FEI Number: 65-0214222 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURNAMAN, ROSS
1447 S. GADSDEN ST.
TALLAHASSEE, FL 32301 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: WASILEWSKI, JOSEPH
Address: 24305 S.W. 142 AVE
City-St-Zip: MIAMI, FL 33032 US

Title: VD () Delete
Name: BURGESS, JOSEPH
Address: 853-B ENGLAND STREET
City-St-Zip: JACKSONVILLE, FL 32227 US

Title: SD () Delete
Name: GUTMAN, A J
Address: 133 STEELE RD
City-St-Zip: W HARTFORD, CT 06119 US

Title: TD () Delete
Name: ECHTERNACHT, ARTHUR C DR.
Address: 5100 POTOMAC DRIVE
City-St-Zip: KNOXVILLE, TN 37920 US

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:

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: DR. ARTHUR C. ECHTERNACHT

TD

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date