2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766652

FILED Mar 17, 2006 Secretary of State

Entity Name: FLORIDA AUSTRALIAN SHEPHERD ASSOCIATION, INC.

Current Pr	rincipal Place o	of Business:	New Prince	New Principal Place of Business:			
	TIODA RD ND, FL 34736	US		TA DEL RIO DR. VILLE, FL 32258	US		
Current Mailing Address:			New Maili	New Mailing Address:			
	TIODA RD ND, FL 34736	US		TA DEL RIO DR. VILLE, FL 32258	US		
El Number:	59-2372395	FEI Number Applied For ()	FEI Number Not Appl	icable () Cert	ificate of Status Desired	d()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	, TIODA RD ND, FL 34736	US		BRENDA TA DEL RIO DR. VILLE, FL 32258	US		
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, n the State of Florida.							
SIGNATUR	RE: BRENDA (GRIFFIN			03/17/2006		
	Electronic	Signature of Registered Agen	t		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Fitle: Name: Address: City-St-Zip:	P () E WHITTAKER, JUI 1020 NW 44TH S OCALA, FL 3447	ST.	Title: Name: Address: City-St-Zip:	()Chan	ge () Addition		
Fitle: Name: Address: City-St-Zip:	V () E JONES, LEIDA P.O. BOX 49052 LEESBURG, FL		Title: Name: Address: City-St-Zip:	()Chan	ge () Addition		
Fitle: Name: Address: City-St-Zip:	S ()E BRASS, JILL 6020 18TH AVE., ST PETERSBUR		Title: Name: Address: City-St-Zip:	()Chan	ge () Addition		
Fitle: Name: Nddress: City-St-Zip:	D () E JOHNSRUD, ROI 17611 NW 266TH HIGH SPRINGS,	H ST	Title: Name: Address: City-St-Zip:	()Chan	ge () Addition		
Fitle: Name: Address: City-St-Zip:	D () E GRIFFIN, BRENE 5074 SIESTA DE JACKSONVILLE,	L RIO	Title: Name: Address: City-St-Zip:	D (X) Chan HAYES, KELLI 3551 FLORIDA RANC ZEPHYRHILLS, FL 3			
Fitle: Name: Address: City-St-Zip:	D () [PELHAM, STACY 3900 W BELLA V LAKELAND, FL (/ISTA	Title: Name: Address: City-St-Zip:	()Chan	ge () Addition		

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: BRENDA GRIFFIN TREA 03/17/2006