2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767628

FILED May 30, 2009 Secretary of State

Entity Name: NATIONAL ANIMAL RIGHTS FOR HUMANE EDUCATION, INC.

Current F	Principal Place of Business:	New Principal Place of Business:
C/O LAUI	ION INC 7904 LONGWOOD RUN LN RA SHERWOOD FL 336151385 US	3707 W. PLATT ST. C/O LAURA SHERWOOD TAMPA, FL 33609 US
Current I	Mailing Address:	New Mailing Address:
C/O LAUI	ION INC 7904 LONGWOOD RUN LN RA SHERWOOD FL 336151385 US	3707 W. PLATT ST. C/O LAURA SHERWOOD TAMPA, FL 33609 US
	r: 59-2286422 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation did	FEI Number Not Applicable () Certificate of Status Desired (X not receive the prior notice.
Name an	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
1313 SOL	A, RENE (RAINI) JTH HOWARD AVE FL 33606 US	SEQUOYA, RENE (RAINI) 3707 W. PLATT ST. TAMPA, FL 33609 US
	e named entity submits this statement for the	e purpose of changing its registered office or registered agent, or
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	JRE: RENE (RAINI) SEQUOYA	05/30/2009
SIGNATL	IRE: RENE (RAINI) SEQUOYA	
SIGNATU OFFICEF Title: Name: Address:	RENE (RAINI) SEQUOYA Electronic Signature of Registered A RS AND DIRECTORS: PD () Delete SEQUOYA, RENE (RAINI) 1313 SOUTH HOWARD AVE	gent Date
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	RENE (RAINI) SEQUOYA Electronic Signature of Registered A RS AND DIRECTORS: PD () Delete SEQUOYA, RENE (RAINI) 1313 SOUTH HOWARD AVE TAMPA, FL 33606 VD () Delete SCHMELZER, GLORIA J. 167B LYNNE DR	gent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: () Change () Addition Name: Address:
SIGNATL	RENE (RAINI) SEQUOYA Electronic Signature of Registered A RS AND DIRECTORS: PD () Delete SEQUOYA, RENE (RAINI) 1313 SOUTH HOWARD AVE TAMPA, FL 33606 VD () Delete SCHMELZER, GLORIA J. 167B LYNNE DR WESLEY CHAPEL, FL STD () Delete STUART, KATHLEEN 4406 RIDGELINE CIR.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS (**) Change (**) Addition Name: Address: City-St-Zip: Title: (**) Change (**) Addition Name: Address:

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: RENE (RAINI) SEQUOYA PD 05/30/2009