2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# F04000007205

Entity Name: ALLEY CAT ALLIES, INC.

Current Principal Place of Business:

1801 BELMONT ROAD, N.W., STE. 201
WASHINGTON, DC 200095147

New Principal Place of Business:

7920 NORFOLK AVE.
SUITE 600
BETHESDA, MD 208142525 US

Current Mailing Address:

1801 BELMONT ROAD, N.W., STE. 201
WASHINGTON, DC 200095147

New Mailing Address:

7920 NORFOLK AVE.
SUITE 600
BETHESDA, MD 208142525 US

FEI Number: 52-1742079 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CP ( ) Delete
Name: WILCOX, DONNA
Address: 1801 BELMONT ROAD, N.W., STE. 201
City-St-Zip: WASHINGTON, DC 200095147

Title: ST ( ) Delete
Name: ROBINSON, BECKY
Address: 1801 BELMONT ROAD, N.W., STE. 201
City-St-Zip: WASHINGTON, DC 200095147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition
Name: WILCOX, DONNA
Address: 7920 NORFOLK AVE., SUITE 600
City-St-Zip: BETHESDA, MD 208142525 US

Title: ST (X) Change ( ) Addition
Name: ROBINSON, BECKY
Address: 7920 NORFOLK AVE., SUITE 600
City-St-Zip: BETHESDA, MD 208142525 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DONNA WILCOX CP 04/19/2005

Electronic Signature of Signing Officer or Director — Date