

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006130

FILED
Jan 13, 2006
Secretary of State

Entity Name: NATIONAL EDUCATION FOR ASSISTANCE DOG SERVICES, INC.

Current Principal Place of Business:

305 REDEMPTION ROCK TRAIL
PRINCETON, MA 01541 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 213
WEST BOYLSTON, MA 01583

New Mailing Address:

FEI Number: 23-7281887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEMEO, MARY ANN
1930 CANADIANA CT.
DUNEDIN, FL 34698 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: P () Delete
Name: SULLIVAN, JAY
Address: 61 CENTRAL STREET
City-St-Zip: FITCHBURG, MA 01420

Title: T () Delete
Name: BEEMAN, RICHARD
Address: 20 WATERFORD DR.
City-St-Zip: WORCESTER, MA 01602

Title: VP () Delete
Name: MATTHEWS, RICK
Address: 384 REDEMPTION ROCK TRAIL
City-St-Zip: STERLING, MA 01564

Title: C () Delete
Name: KAPLAN, IRA
Address: 31 LEXINGTON ROAD
City-St-Zip: BILLERICA, MA 01821

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 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: JAY SULLIVAN

Electronic Signature of Signing Officer or Director

PRES

01/13/2006

Date