


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90025 012 ****70.00

DOCUMENT # F94000006130

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



Principal Place of Business
**305 REDEMPTION ROCK TRAIL
 PRINCETON, MA 01541 US**

Mailing Address
**PO BOX 213
 WEST BOYLSTON, MA 01583**

50000715



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip

City & State
 Zip

Country

01042007 Chg-NP CR2E037 (12/06)

4. FEI Number
23-7281887

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DEMEO, MARY ANN
 1930 CANADIANA CT.
 DUNEDIN, FL 34698**

7. Name and Address of New Registered Agent

Name **Ms. Jean Shields**
 Street Address (P.O. Box Number is Not Acceptable)
12811 89th Ave N
 City **Seminole** FL Zip Code **33776**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jean Shields* **JEAN SHIELDS STATE REPRESENTATIVE** **01/04/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SULLIVAN, JAY	
STREET ADDRESS	61 CENTRAL STREET	
CITY-ST-ZIP	FITCHBURG, MA 01420	
TITLE	T	<input type="checkbox"/> Delete
NAME	BEEMAN, RICHARD	
STREET ADDRESS	20 WATERFORD DR.	
CITY-ST-ZIP	WORCESTER, MA 01602	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MATTHEWS, RICK	
STREET ADDRESS	384 REDEMPTION ROCK TRAIL	
CITY-ST-ZIP	STERLING, MA 01564	
TITLE	C	<input type="checkbox"/> Delete
NAME	KAPLAN, IRA	
STREET ADDRESS	31 LEXINGTON ROAD	
CITY-ST-ZIP	BILLERICA, MA 01821	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard Beeman* **Richard Beeman, Treasurer** **1/8/2007** **508-754-4862**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #