2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

	1. Entity Name	L EDUCATION FOR ASSIS		DOG				01-19-2007	7 90025 0:	12 ****70.0	·O
	Principal Place 305 REDEMP PRINCETON, M	TION ROCK TRAIL	PO BO	Address X 213 BOYLSTON, MA 01	1583					500007	_
	2. Principal Pla	ace of Business - No P.O. Box #	3. Mailin	ng Address		·					
_	Suite, Apt. #	# etc	Suite	Suite, Apt. #, etc.			01042007		400		
			<u> </u>					Chg-NP		(12/06)	plied For
	City & State		City	& State			4. FEI Number 23-7281	887		<u> </u>	t Applicable
	Zip	Country	Zip		Coun	ntry	5. Certificate of	of Status Desire	ed 🗎	\$8.75 Add Fee Required	
_		6. Name and Address of Current	t Registered	Agent			7. Name and	Address of No	w Registere	d Agent	
	DEMEO, M	IARY ANN				Name MS		Shiel	ds		
	1930 CANA	ADIANA CT. FL 34698			Ĺ	Street Addres	ss (P.O. Box Numbe	r is Not Accep	table)		
						12811	89Th	Ave	\mathcal{N}_{-}		
							minole		F		76
ľ	8. The above	named entity submits this statement for	or the purpo	se of changing its re	agictoro	ed office or regis	stared easet or bot	h in the State	of Florida II a	on formillion with	and ancost
ļ		ions of registered agent.		se of changing no re	sylstere	ad diride or regi	stered agent, or bott	ii, iii tile State i	orrionoa. ra	im lammai with,	ани ассерг
		ions of registered agent.		4 hada -	- A-PI						али ассерт
	the obligati	ions of registered agent. JE Sgnature, Noed or printed name of registered agen	34N 9H	teus si	FATE	E REPRI	ESFN TATIVE juiled when reinstating)			4/07 E	anu accept
	the obligati	franields JE	34N 9H	teus si	FATE Registered paign Fi	E REPRIO	ESENTATIVE	e	O//6		
	the obligati	Sprature. When or printed name of registered agent	AN 9H	ST (NOTE: 1	FATE Registered paign Fi	E REPRIO	ESFN TATIVE vulred when reinstating) \$5.00 May B	е	O//6 DATI Make che Florida Dep	eck payable to	o tate
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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 receives 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 andress, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: LINE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR