2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005
Secretary of State

DOCUMENT# N00000003817

Entity Name: NOAH'S ARK, P.B.P., INC.

Current Principal Place of Business:

9660 FERN STREET
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

9660 FERN STREET
NEW PORT RICHEY, FL 34654 US

Current Mailing Address:

9660 FERN STREET
NEW PORT RICHEY, FL 34654

New Mailing Address:

9660 FERN STREET
NEW PORT RICHEY, FL 34654 US

FEI Number: 59-3673237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BOISMIER, LYNNE
9660 FERN STREET
NEW PORT RICHEY, FL 34654 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: PD ( ) Delete
Name: BOISMIER, LYNNE
Address: 9660 FERN ST
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VPD ( ) Delete
Name: BLANEY, JENNY
Address: 1884 CO RT 43
City-St-Zip: FORT EDWARD, NY 12828

Title: SD ( ) Delete
Name: ROMANO, CHRISTINE
Address: 5555 S. E. 122 PLACE
City-St-Zip: BELLEVIEW, FL 34430

Title: TD ( ) Delete
Name: NOBIL, HEDY
Address: 1705 EL TRINIDAD
City-St-Zip: CLEARWATER, FL 33759

Title: BM ( ) Delete
Name: SMITH, DR. KEELY
Address: 12232 LITTLE ROAD
City-St-Zip: HUDSON, FL 34667

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:

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 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: LYNNE BOISMIER PD 05/05/2005

Electronic Signature of Signing Officer or Director — Date