2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 14, 2007
Secretary of State

DOCUMENT# N00000007909

Entity Name: ANIMAL SERVICES LEAGUE, INC.

Current Principal Place of Business:

735 E.C. 470
LAKE PANASOFFKEE, FL 33538

New Principal Place of Business:

Current Mailing Address:

P O BOX 93
BUSHNELL, FL 33513

New Mailing Address:

FEI Number: 38-1754963 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURPHY, DAVID J
14217 THIRD STREET
DADE CITY, FL 33525 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:	D	( ) Delete
Name:	FOLEY-CREECH, JOCELYN W	
Address:	4993 COUNTY ROAD 683	
City-St-Zip:	WEBSTER, FL 33597	
Title:	D	( ) Delete
Name:	FOLEY, ALLEN	
Address:	1979 WEST END PL.	
City-St-Zip:	ORANGE PARK, FL 32003	
Title:	D	( ) Delete
Name:	ERLER, MYRNA	
Address:	5124 C.R. 326	
City-St-Zip:	BUSHNELL, FL 33513	
Title:	D	( ) Delete
Name:	KATZEN, TANYA	
Address:	2626 SE 15TH ST	
City-St-Zip:	OCALA, FL 34471	

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:	D	(X) Change ( ) Addition
Name:	MARSH, LINDA C	
Address:	519 CR 527	
City-St-Zip:	LAKE PANASOFFKEE, FL 33538	

I hereby certify that the information supplied with this filing does not qualify 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: JOCELYN W. FOLEY-CREECH PRES 08/14/2007

Electronic Signature of Signing Officer or Director — Date