

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N00028	
1. Entity Name NOAH'S ARK, INC.	

Principal Place of Business 337 - 7 AVENUE NORTH TIERRA VERDE FL 33715	Mailing Address 337 - 7 AVENUE NORTH TIERRA VERDE FL 33715
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 59-2376904	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHASE, DEBRA 337-7 AVENUE NORTH TIERRA VERDE FL 33715

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 <u>WIA</u>	Signature typed or printed name of registered agent and the if applicable	(NOTE: Registered Agent signature required when not stating)	DATE
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FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME CHASE, DEBRA		NAME	
STREET ADDRESS 337-7 AVE. N.		STREET ADDRESS	
CITY- ST- ZIP TIERRA VERDE FL		CITY- ST- ZIP	
TITLE D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME SIMMS, ERICA		NAME	
STREET ADDRESS C/O 337 7TH AVENUE NORTH		STREET ADDRESS	
CITY- ST- ZIP SAINT PETERSBURG FL 33715-1858		CITY- ST- ZIP	
TITLE D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME ASTON, MICHAEL		NAME	
STREET ADDRESS C/O 337 - 7 AVENUE NORTH		STREET ADDRESS	
CITY- ST- ZIP TIERRA VERDE FL 33715		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

0 1 41 21 00000534238 05/08/06-80004-008 61.25 (737) 844-3083