2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 30, 2003 8:00 am Secretary of State DOCUMENT # N00028 1. Entity Name 04-30-2003 90024 047 ****61.25 NOAH'S ARK, INC. Principal Place of Business Mailing Address 11025954 337 - 7 AVENUE NORTH 337 - 7 AVENUE NORTH TIERRA VERDE FL 33715 TIERRA VERDE FL 33715 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number 59-2376904 Applied For City & State City & State Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHASE, DEBRA Street Address (P.O. Box Number is Not Acceptable) 337-7. AVENUE NORTH TIERRA VERDE FL 33715 City 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 (/ ~2 5 - Q3 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD ☐ Change ☐ Addition ☐ Delete TITLE TITLE CHASE, DEBRA NAME NAME STREET ADDRESS 337-7 AVE. N. STREET ADDRESS CITY-ST-ZIP TIERRA VERDE FL CITY-ST-ZIP ☐ Delete TITLE Change Addition MIZWA, MICHELLE Jeanette Henrici NAME C/O 337 7TH AVENUE NORTH STREET ADDRESS c/o 337 - 7 Avenue North STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TIERRA VERDE FL 33715 Tierra Verde, FL 33715-1858 TITI F - Defete ---TITLE Pender, Gail NAME NAME STREET ADDRESS C/O 337 - 7 AVENUE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIERRA VERDE FL 33715 • 🔲 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filling does not qualify 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 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.

CITY-ST-ZIP

SIGNATURE:

CITY - ST - ZIP

4-25-03

FILED