

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

08-04-2006 90018 041 \*\*\*\*70.00

N01000000205

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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| <b>DOCUMENT # N01000000205</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                                                                     |                                                                                   |  |  |
| 1. Entity Name<br><b>CENTER FOR ANIMALS UNDER STRESS OF EXTINCTION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                                                                     |                                                                                   |                                                                                   |  |
| Principal Place of Business<br><b>2555 PGA BLVD<br/>#192<br/>PALM BEACH GARDENS, FL 33410</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                     | Mailing Address<br><b>2555 PGA BLVD<br/>#192<br/>PALM BEACH GARDENS, FL 33410</b> |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                                                                     | 3. Mailing Address                                                                |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                                                                                     | Suite, Apt. #, etc.                                                               |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                                                                     | City & State                                                                      |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                 | Zip                                                                                 | Country                                                                           | 4. FCI Number                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                     |                                                                                   | Applied For<br><input checked="" type="checkbox"/> Not Applicable                 |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                                                                                     |                                                                                   | \$8.75 Additional Fee Required                                                    |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                     | 7. Name and Address of New Registered Agent                                       |                                                                                   |  |
| <b>METCALF, BETTY<br/>2555 PGA BLVD<br/>#192<br/>PALM BEACH GARDENS, FL 33410</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                                                                     | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                                                                                     |                                                                                   |                                                                                   |  |
| Filing Fee is \$61.25<br>Due by September 6, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                   | \$5.00 May Be<br>Added to Fees                                                    |  |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                                                                                     |                                                                                   |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                             |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D <input type="checkbox"/> Delete       |                                                                                     | TITLE                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>WILDEMAN, DEBRA J</b>                |                                                                                     | NAME                                                                              |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>3184 LYCHEE ST</b>                   |                                                                                     | STREET ADDRESS                                                                    |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>PALM BEACH GARDENS, FL 334031220</b> |                                                                                     | CITY-ST-ZIP                                                                       |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete         |                                                                                     | TITLE                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                                                                                     | NAME                                                                              |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                                                                     | STREET ADDRESS                                                                    |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |                                                                                     | CITY-ST-ZIP                                                                       |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete         |                                                                                     | TITLE                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                                                                                     | NAME                                                                              |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                                                                     | STREET ADDRESS                                                                    |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |                                                                                     | CITY-ST-ZIP                                                                       |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete         |                                                                                     | TITLE                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                                                                                     | NAME                                                                              |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                                                                     | STREET ADDRESS                                                                    |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |                                                                                     | CITY-ST-ZIP                                                                       |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete         |                                                                                     | TITLE                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 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. |                                         |                                                                                     |                                                                                   |                                                                                   |  |
| SIGNATURE: <i>Debra J. Wildeman</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                                                                                     | 7-2-2006 561-541-6601                                                             |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                                                                     | Date Daytime Phone #                                                              |                                                                                   |  |