2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N01000006219

Entity Name: FOR THE LOVE OF HOMELESS PETS, INC.

Current Principal Place of Business:

10000 N.W. 135TH ST.
HIALEAH, FL 33018

New Principal Place of Business:

Current Mailing Address:

10000 N.W. 135TH ST.
HIALEAH, FL 33018

New Mailing Address:

FEI Number: 31-1807613 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIERKSMEIER, LYNN
10000 N.W. 135TH ST.
HIALEAH, FL 33018 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: DIERKSMEIER, LYNN
Address: 10000 N.W. 135TH ST.
City-St-Zip: HIALEAH, FL 33018

Title: VD ( ) Delete
Name: YEARWOOD, LORI T
Address: 2637 PARKVIEW DR.
City-St-Zip: HALLANDALE, FL 33009

Title: STD ( ) Delete
Name: GAGLIANO, JOSEPH
Address: 13500 SW 136TH TERR.
City-St-Zip: MIAMI, FL 33186

Title: VD ( ) Delete
Name: CHENIQUE, CHRISTINE
Address: 6291 WEST 24TH COURT, BLDG 6, UNIT 102
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: YEARWOOD, LORI T
Address: 4461 FISH HATCHERY ROAD
City-St-Zip: GRANTS PASS, OR 97527

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 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: LYNN DIERKSMEIER PD 04/28/2006

Electronic Signature of Signing Officer or Director — Date