2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007
Secretary of State

DOCUMENT# N01000006801

Entity Name: AARDVARC.ORG, INC.

Current Principal Place of Business:

C/O CATHERINE NESMITH
606 CALIBRE CREST PARKWAY #103
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

C/O CATHERINE NESMITH
606 CALIBRE CREST PARKWAY #103
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3736463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NESMITH, CATHERINE
606 CALIBRE CREST PARKWAY #103
ALTAMONTE SPRINGS, FL 32714 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: P ( ) Delete
Name: BLACK, CYNTHIA
Address: 606 CALIBRE CREST PARKWAY #103
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S ( ) Delete
Name: CASSAVANT, MARY ROSE
Address: 606 CALIBRE CREST PARKWAY #103
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: M ( ) Delete
Name: NESMITH, CATHERINE
Address: 606 CALIBRE CREST PARKWAY #103
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T ( ) Delete
Name: WARD, LETITIA
Address: 246 W HIGHLAND STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V ( ) Delete
Name: BLACKHART, ANNETTE
Address: 507 S. 11TH STREET
City-St-Zip: COLORADO SPRINGS, CO 80905

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: ( ) 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: CATHERINE NESMITH M 02/22/2007

Electronic Signature of Signing Officer or Director — Date