2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005
Secretary of State

DOCUMENT# N02000000745

Entity Name: GREYHOUND LOVERS ADOPTIONS, INC.

Current Principal Place of Business:

2410 OVERVIEW DRIVE
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

2410 OVERVIEW DRIVE
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: 30-0037201 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DONDERO, EDWARD C
2410 OVERVIEW DRIVE
NEW PORT RICHEY, FL 34655 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: DONDERO, EDWARD C
Address: 2410 OVERVIEW DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: SD ( ) Delete
Name: COOKE, PAULA
Address: 7100 CARLOW ST
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VPD ( ) Delete
Name: BAYNE, DEANNA
Address: 4543 ONTARIO DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD ( ) Delete
Name: DONDERO, EDWARD C
Address: 2410 OVERVIEW DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete
Name: CAPLE, PAUL T
Address: 3720 QUAIL FOREST DR
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: BAHR, DEBRA
Address: 5016 GREENWOOD ST
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VPD (X) Change ( ) Addition
Name: SMITH, JAMES
Address: 8104 CAMERON CAY ST
City-St-Zip: NEW PORT RICHEY, FL 34654

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 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 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: EDWARD C. DONDERO PRES 03/28/2005

Electronic Signature of Signing Officer or Director — Date