2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003447

FILED Apr 27, 2005 Secretary of State

Entity Name: HUMANE EMERGENCY ANIMAL RESCUE, INC.

Current Principal Place of Business: New Principal Place of Business:

803 NE 70TH ST. 3171 NW 1ST ST. MIAMI, FL 33138 MIAMI, FL 33125

Current Mailing Address: New Mailing Address:

803 NE 70TH ST. 3171 NW 1ST ST. MIAMI, FL 33138 MIAMI, FL 33125

FEI Number: 81-0589188 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 CARMACK, THOMAS
 CARMACK, THOMAS

 803 NE 70TH ST.
 3171 NW 1ST ST.

 MIAMI, FL 33138 US
 MIAMI, FL 33125 US

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: THOMAS J. CARMACK 04/27/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: CARMACK, THOMAS J Name: CARMACK, THOMAS J

 Address:
 803 NE 70TH ST.
 Address:
 3171 NW 1ST ST.

 City-St-Zip:
 MIAMI, FL 33138
 City-St-Zip:
 MIAMI, FL 33125

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 BEUG, JOANNA
 Name:
 BEUG, JOANNA

 Address:
 803 NE 70TH ST.
 Address:
 3171 NW 1ST ST.

 City-St-Zip:
 MIAMI, FL 33138
 City-St-Zip:
 MIAMI, FL 33125

Title: VPD () Delete Title: () Change () Addition

 Name:
 RIVERO, FRANK
 Name:

 Address:
 10934 SW 146 AVE.
 Address:

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 ACOSTA, ELIZABETH
 Name:

 Address:
 19000 TAMPA RD. SOUTH
 Address:

 City-St-Zip:
 FORT MYERS, FL 33912
 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: THOMAS J. CARMACK P 04/27/2005