2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003581

FILED Apr 29, 2009 Secretary of State

Entity Name: NATIONAL ASSOCIATION OF TWO-YEAR-OLD CONSIGNORS, INC.

Current Principal Place of Business: New Principal Place of Business: 6500 NW HWT. 225A 3825 NW 130TH AVE. OCALA, FL 34482 OCALA, FL 34482 **Current Mailing Address: New Mailing Address:** P O BOX 771483 OCALA, FL 34477 FEI Number: 01-0653029 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MULLIGAN, MICHAEL 3825 NW130TH AVE. OCALA, FL 34482 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MULLIGAN, MICHAEL Name: Name: 3825 NW 130TH AVE. Address: Address: City-St-Zip: OCALA, FL 34482 City-St-Zip: Title: VD Title: (X) Change () Addition () Delete THOMAS, BECKY Name: EISAMAN, VMD, BARRY Name: Address: PO BOX 420 Address: 15749 W. HWY. 316 City-St-Zip: ORANGE LAKE, FL 32681 City-St-Zip: WILLISTON, FL 32696 Title: () Delete Title: (X) Change () Addition DIXON, GABRIEL DUNNE, CIARAN Name: Name: 14850 W. HWY. 40 Address: PO BOX 772468 Address: City-St-Zip: OCALA, FL 34477 City-St-Zip: OCALA, FL 34481 Title: TD () Delete Title: (X) Change () Addition BRENNAN, NIALL Name: LEPPALA, STACY Name: 9119 NW HWY. 225A Address: PO BOX 409 Address: City-St-Zip: OXFORD, FL 34484 City-St-Zip: OCALA, FL 34482 Title: () Delete Title: (X) Change () Addition BERKELHEIMER, BARRY WOODS, EDDIE Name: Name: 510 SE HWY 484 14870 W. HWY. 40 Address: Address: City-St-Zip: OCALA, FL 34480 City-St-Zip: OCALA, FL 34481 Title: () Delete Title: (X) Change () Addition DE MERIC, NICK DE MERIC, NICK Name: Name: Address: 4001 NW 130TH AVE Address: 4001 NW 130TH AVE OCALA, FL 34482 OCALA, FL 34482 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL MULLIGAN PD 04/29/2009