

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003694

FILED
Apr 14, 2006
Secretary of State

Entity Name: PRIMATE RESCUE & CONSERVANCY, INC.

Current Principal Place of Business:

3333 ALOHA LANE
MIMS, FL 32754

New Principal Place of Business:

2929 CITRUS DR.
EDGEWATER, FL 32141

Current Mailing Address:

3333 ALOHA LANE
MIMS, FL 32754

New Mailing Address:

2929 CITRUS DR.
EDGEWATER, FL 32141

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

Name and Address of Current Registered Agent:

IRVINE, L RENEE
3333 ALOHA LANE
MIMS, FL 32754 US

Name and Address of New Registered Agent:

IRVINE, L RENEE
2929 CITRUS DR.
EDGEWATER, FL 32141 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: L. RENEE IRVINE

04/14/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: IRVINE, L RENEE
Address: 3333 ALOHA LANE
City-St-Zip: MIMS, FL 32754

Title: DT () Delete
Name: IRVINE, RICHARD
Address: 3333 ALOHA LANE
City-St-Zip: MIMS, FL 32754

Title: DS () Delete
Name: IRVINE, L BETH
Address: 3333 ALOHA LANE
City-St-Zip: MIMS, FL 32754

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: IRVINE, L RENEE
Address: 2929 CITRUS DR.
City-St-Zip: EDGEWATER, FL 32141

Title: DT (X) Change () Addition
Name: IRVINE, RICHARD
Address: 2929 CITRUS DR.
City-St-Zip: EDGEWATER, FL 32141

Title: DS (X) Change () Addition
Name: IRVINE, L B
Address: 2824 MANGO TREE DR.
City-St-Zip: EDGEWATER, FL 32141

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: L. RENEE IRVINE

DP

04/14/2006

Electronic Signature of Signing Officer or Director

Date