2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000003753

Entity Name: ENDANGERED PRIMATE FOUNDATION, INC.

FILED Oct 06, 2006 Secretary of State

2900 CORONET LANE #108 8025 CONCORD BLVD. W. JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32208

Current Mailing Address: New Mailing Address:

P.O. BOX 55112 8025 CONCORD BLVD. W. JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32208

FEI Number: 38-3650600 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

WILLIAMS, TRACY
2900 CORONET LANE #108
JACKSONVILLE, FL 32216 US
WILLIAMS, TRACY
8025 CONCORD BLVD. W.
JACKSONVILLE, FL 32208 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: TRACY WILLIAMS 10/06/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: WILLIAMS, TRACY Name: WILLIAMS, TRACY

 Address:
 2900 CORONET LANE #108
 Address:
 8025 CONCORD BLVD. W.

 City-St-Zip:
 JACKSONVILLE, FL 32207
 City-St-Zip:
 JACKSONVILLE, FL 32208

Title: S () Delete Title: () Change () Addition

 Name:
 ZIRKELBACH, SILVIA
 Name:

 Address:
 5401 CURRY CREEK RD
 Address:

 City-St-Zip:
 CRESTWOOD, KY 40014
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 WILLIAMS, JOHN
 Name:

 Address:
 616 VIRGINIA AVE
 Address:

 City-St-Zip:
 LOUISVILLE, KY 40222
 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: TRACY WILLIAMS P 10/06/2006