2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2005
Secretary of State

DOCUMENT# N02000008364

Entity Name: ZOOHAVEN SOCIETY, INC.

Current Principal Place of Business:

15105 ARBOR HOLLOW DRIVE
ODESSA, FL 33556

New Principal Place of Business:

4180 14TH STREET NE
ST. PETERSBURG, FL 33703

Current Mailing Address:

15105 ARBOR HOLLOW DRIVE
ODESSA, FL 33556

New Mailing Address:

4180 14TH STREET NE
ST. PETERSBURG, FL 33703

FEI Number: 82-0583752 **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:

MACNEILL, KAREN
15105 ARBOR HOLLOW DRIVE
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

MACNEILL, KAREN
4180 14TH STREET NE
ST. PETERSBURG, FL 33703 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: _____ 06/28/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MACNEILL, KAREN
Address: 15105 ARBOR HOLLOW DRIVE
City-St-Zip: ODESSA, FL 33556

Title: D (X) Delete
Name: CLINE, VINNET
Address: 1819- 29TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

Title: D ( ) Delete
Name: SWARTZ, TIMOTHY D
Address: 15105 ARBOR HOLLOW DRIVE
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: KAREN M MACNEILL D 06/28/2005
Electronic Signature of Signing Officer or Director — Date