2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2006
Secretary of State

DOCUMENT# N03000003304

Entity Name: FLORIDA BASSET RESCUE INC.

Current Principal Place of Business:

6305 JIM DAVIS ROAD
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

6305 JIM DAVIS ROAD
PARRISH, FL 34219

New Mailing Address:

FEI Number: 20-2025244 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

COULTER, CASSANDRA A
6305 JIM DAVIS ROAD
PARRISH, FL 34219 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: COULTER, CASSANDRA A
Address: 6305 JIM DAVIS ROAD
City-St-Zip: PARRISH,, FL 34219

Title: D ( ) Delete
Name: DEPAMPHILIS, DONNA
Address: 6305 JIM DAVIS ROAD
City-St-Zip: PARRISH, FL 34219

Title: VP ( ) Delete
Name: KALIN, LESLIE
Address: 15 HEILWOOD STREET
City-St-Zip: CLEARWATER, FL 33767

Title: D (X) Delete
Name: RAUDALES, JESSICA
Address: 6305 JIM DAVIS ROAD
City-St-Zip: PARRISH, FL 34219

Title: D (X) Delete
Name: ELDRETH, ANNE
Address: 6305 JIM DAVIS ROAD
City-St-Zip: PARRISH, FL 34219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: KALIN, LESLIE
Address: 15 HEILWOOD STREET
City-St-Zip: CLEARWATER, FL 33767

Title: D (X) Change ( ) Addition
Name: ELDRETH, ANN
Address: 6305 JIM DAVIS ROAD
City-St-Zip: PARRISH, FL 34219

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 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: CASSANDRA COULTER P 05/31/2006

Electronic Signature of Signing Officer or Director — Date