2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005
Secretary of State

DOCUMENT# N03000005695

Entity Name: LOST ANGELS ANIMAL RESCUE, INC.

Current Principal Place of Business:

PO BOX 3696
RIVERVIEW, FL 33568

New Principal Place of Business:

Current Mailing Address:

PO BOX 3696
RIVERVIEW, FL 33568

New Mailing Address:

FEI Number: 06-1699781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, KELLY
4605 HIDDEN SHADOW DRIVE
TAMPA, FL 33614 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: D ( ) Delete
Name: GUILLEN, DESIREE
Address: 6901 W CREEK DRIVE
City-St-Zip: TAMPA, FL 33615

Title: D (X) Delete
Name: WILSON, ALISON
Address: 11756 BROWING ROAD
City-St-Zip: LITHIA, FL 33547

Title: D ( ) Delete
Name: BRADFORD, BETH
Address: 2914 BURR OAK DRIVE
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete
Name: AKMAN, DILEK
Address: 4318 BRANDON RIDGE DRIVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: BRADFORD, ELIZABETH
Address: 2914 BURR OAK DRIVE
City-St-Zip: TAMPA, FL 33618

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: DESIREE GUILLEN D 01/24/2005

Electronic Signature of Signing Officer or Director — Date