2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009621

Entity Name: EXTENDED CIRCLE ANIMAL HAVEN, INC.

FILED Mar 26, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P O BOX 102 2898-6 MAHAN DRIVE TALLAHASSEE, FL 323020102 TALLAHASSEE, FL 32308

Current Mailing Address: New Mailing Address:

P O BOX 102 2898-6 MAHAN DRIVE TALLAHASSEE, FL 323020102 TALLAHASSEE, FL 32308

FEI Number: 26-0063926 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MCNEELY, CYNTHIA A ESQ
1841 WAGON WHEEL CIRCLE WEST
TALLAHASSEE, FL 32317 US

MCNEELY, CYNTHIA A ESQ
2898-6 MAHAN DRIVE
TALLAHASSEE, FL 32308 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: 03/26/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: MCNEELY, CYNTHIA A ESQ Name: MCNEELY, CYNTHIA A ESQ

 Address:
 PO BOX 102
 Address:
 2898-6 MAHAN DRIVE

 City-St-Zip:
 TALLAHASSEE, FL 323020102
 City-St-Zip:
 TALLAHASSEE, FL 32308

Title: P () Delete Title: P (X) Change () Addition

 Name:
 LAW, BARBARA C
 Name:
 LAW, BARBARA C

 Address:
 PO BOX 102
 Address:
 2898-6 MAHAN DRIVE

 City-St-Zip:
 TALLAHASSEE, FL 323020102
 City-St-Zip:
 TALLAHASSEE, FL 32308

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 SHARON, QUINTERO
 Name:
 SHARON, QUINTERO

 Address:
 PO BOX 102
 Address:
 2898-6 MAHAN DRIVE

 City-St-Zip:
 TALLAHASSEE, FL 323020102
 City-St-Zip:
 TALLAHASSEE, FL 32308

Title: SEC () Delete Title: VP (X) Change () Addition

 Name:
 CAROL, MCRAE
 Name:
 BETTINA, KRONE

 Address:
 PO BOX 102
 Address:
 2898-6 MAHAN DRIVE

 City-St-Zip:
 TALLAHASSEE, FL 323020102
 City-St-Zip:
 TALLAHASSEE, FL 32308

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: CYNTHIA A. MCNEELY P 03/26/2005