2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2/7

FILED
Feb 22, 2007 8:00 am
Secretary of State
02-07-2007 90036 038 ****50.00
02-22-2007 90008 049 ****11.25

DOCUMENT # N04000002964

1. Entity Name
ANIMAL EXHIBITORS ALLIANCE, INC.

Principal Place of Business	Mailing Address
566 JESSMYTH DRIVE LONGBOAT KEY, FL 34228	P.O. BOX 8337 LONGBOAT KEY, FL 34228

400226Z6

01182007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-1054309
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GALVIN, JOAN
566 JESSMYTH DRIVE
LONGBOAT KEY, FL 34228

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GALVIN, JOAN
STREET ADDRESS	566 JESSMYTH DRIVE
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	V
NAME	IRELAND, ANDY
STREET ADDRESS	499 S. CAPITOL ST, SUITE 600
CITY-ST-ZIP	WASHINGTON, DC 20003
TITLE	S
NAME	VAN DER MEER, LAURA
STREET ADDRESS	15 AVENUE DE FISCHERMONT
CITY-ST-ZIP	LASNE, BE B-138
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1-18-07 941-383-3629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #