# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2009**
**Secretary of State**

DOCUMENT# N04000002964

**Entity Name:** ANIMAL EXHIBITORS ALLIANCE, INC.

**Current Principal Place of Business:**

566 JESSMYTH DRIVE
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8337
LONGBOAT KEY, FL 34228

**New Mailing Address:**

**FEI Number: 20-1054309** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

GALVIN, JOAN
566 JESSMYTH DRIVE
LONGBOAT KEY, FL 34228 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: GALVIN, JOAN
Address: 566 JESSMYTH DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: V ( ) Delete
Name: IRELAND, ANDY
Address: 499 S. CAPITOL ST, SUITE 600
City-St-Zip: WASHINGTON, DC 20003

Title: S ( ) Delete
Name: VAN DER MEER, LAURA
Address: 15 AVENUE DE FISCHERMONT
City-St-Zip: LASNE, BE B-138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: S (X) Change ( ) Addition
Name: VAN DER MEER, LAURA
Address: 3050 K STREET NW, SUITE 400
City-St-Zip: WASHINGTON, DC 20007

I hereby certify that the information supplied with this filing does not qualify 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: JOAN GALVIN P 04/29/2009

Electronic Signature of Signing Officer or Director — Date