2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# N05000001635

Entity Name: SEA TURTLES AT RISK, INC.

Current Principal Place of Business:

80 MARKET ST.
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 157
APALACHICOLA, FL 32329

New Mailing Address:

P.O. BOX 597
APALACHICOLA, FL 32320

FEI Number: 20-2382170 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HALL, BRUCE
238 ATLANTIC AVE.
APALACHICOLA, FL 32320 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: HALL, BRUCE
Address: 238 ATLANTIC AVE.
City-St-Zip: APALACHICOLA, FL 32320

Title: D ( ) Delete
Name: REED, BARBARA
Address: 573 EAST GULF BEACH DRIVE
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: D ( ) Delete
Name: LEWIS, THOM
Address: 848 EAST PINE AVE.
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: D ( ) Delete
Name: SANDERS, BARBARA ATTY
Address: 80 MARKET ST
City-St-Zip: APALACHICOLA, FL 32320

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: BARBARA L. REED D 01/15/2007

Electronic Signature of Signing Officer or Director — Date