## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000010904

Entity Name: ECAH ANIMALS, INC

FILED May 01, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4883 HIGHGROVE RD TALLAHASSEE, FL 32309 **Current Mailing Address: New Mailing Address:** 4883 HIGHGROVE RD TALLAHASSEE, FL 32309 FEI Number: 74-3155160 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: YEARTY, JANET 1129 APÁLACHEE PKWY TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CLAPPER, JACQUE Name: Name: Address: 2802 OLD ST AUGUSTINE RD Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: EASLEY, NICOLE Name: FENTRISS, ANNA C Address: 3376 MICANOPY TRAIL Address: 4883 HIGHGROVE ROAD City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32309 Title: () Delete Title: () Change () Addition QUINTERO, SHARON Name: Name: Address: 800 HICKORY LN Address: City-St-Zip: HAVANA, FL 32333 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: EASLEY, JOEL Name: 3376 MICANOPY TRAIL Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: () Delete Title: () Change () Addition WHITEFEATHER, LINDA Name: Name: 1548 LIVE OAK DR Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition NEDELHOFFER, THOMAS NADELHOFFER. THOMAS Name: Name: Address: 514 N BRONOUGH ST Address: 514 N BRONOUGH ST TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 City-St-Zip: 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: ANNA CAM FENTRISS P 05/01/2006