

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 07, 2008
Secretary of State**

DOCUMENT# N05000010904

Entity Name: ECAH ANIMALS, INC.

Current Principal Place of Business:

4883 HIGHGROVE RD
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

4883 HIGHGROVE RD
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 74-3155160 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YEARTY, JANET
1129 APALACHEE PKWY
TALLAHASSEE, FL 32301 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: CLAPPER, JACQUE
Address: 2802 OLD ST AUGUSTINE RD
City-St-Zip: TALLAHASSEE, FL 32301

Title: D/P () Delete
Name: FENTRISS, ANNA C
Address: 4883 HIGHGROVE ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: QUINTERO, SHARON
Address: 800 HICKORY LN
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: HUBER, SUSAN
Address: 9903 BEAVER RIDGE TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: JONES, BECKY
Address: 101 TURKEY RUN ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D (X) Delete
Name: TUCKER, VIRGINIA
Address: 928 HASSELL DRIVE
City-St-Zip: TALLAHASSEE, FL 32305

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:

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 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

D/P

04/07/2008

Electronic Signature of Signing Officer or Director

_____ Date