2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008623

1117 MANGO ISLE

City-St-Zip: FT. LAUDERDALE, FL 33315

Address:

FILED May 01, 2007 Secretary of State

| DOCON | 1L141# 1400000000023 | | Secretary of State | |
|---|---|---|--|--|
| Entity Na | me: END ANIMAL SUFFERING, INC. | | | |
| Current P | rincipal Place of Business: | New Principal Plac | e of Business: | |
| 7091 SW 4 DAVIE, FL | 41ST PLACE . 33314 | | | |
| Current Mailing Address: | | New Mailing Addre | New Mailing Address: | |
| 7091 SW 4 DAVIE, FL | 41ST PLACE . 33314 | | | |
| | : 14-1974408 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation di | | Certificate of Status Desired (X) | |
| Name and | I Address of Current Registered Agent | : Name and Address | of New Registered Agent: | |
| 7091 SW 4 DAVIE, FL | ISKI, DIANE 41ST PLACE 333314 US named entity submits this statement for t | he purpose of changing its register | red office or registered agent, or both, | |
| SIGNATUI | | | | |
| 0.014/1101 | Electronic Signature of Registered | Agent | Date | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD () Delete WATCHINSKI, DIANE 7091 SW 41ST PLACE DAVIE, FL 33314 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VD () Delete ALEXANDER, PAMELA H 534 BONTONA AVE. FT. LAUDERDALE, FL 33301 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | STD () Delete POPE. ROBERT | Title: Name: | () Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: DIANE WATCHINSKI PD 05/01/2007