


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # N26085	
1. Entity Name FLORIDA AID TO ANIMALS SPAY/NEUTER MEDICAL FACILITY INC.	

Principal Place of Business 741 CREEL ST MELBOURNE, FL 32935 US	Mailing Address 146 PALM TREE CT C/O ISABELLE DORSEY PALM SHORES, FL 32940
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DO NOT WRITE IN THIS SPACE



03262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2880920	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DORSEY, ISABELLE 146 PALM TREE CT PALM SHORES, FL 32940	DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000879510 04/15/08-80023-025 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DORSEY, ISABELLE 146 PALM TREE CT MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORSEY, AL 250 PAINT STREET ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, RICKI 2208 CANTERBURY LANE MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, AL 741 CREEL ST MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIETZ, BOB 1091 PEACOCK AVE N.E. PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILBOURNE, JEFF 2557 LEEWOOD BLVD MELBOURNE, FL 32935

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Isabelle Dorsey* **3-28-08 (321)242-9826**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ISABELLE DORSEY