2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36889

Current Principal Place of Business:

FILED Mar 29, 2006 Secretary of State

Entity Name: FLORIDA MARINE MAMMAL STRANDING NETWORK - SOUTHWEST REGION, INC.

1210 SE 21ST STREET 1481-G MARKET CIRCLE

CAPE CORAL, FL 33990 US UNIT 7

PORT CHARLOTTE, FL 33953 US

New Principal Place of Business:

Current Mailing Address: New Mailing Address:

1210 SE 21ST STREET 1481-G MARKET CIRCLE

CAPE CORAL, FL 33990 US UNIT 7

PORT CHARLOTTE, FL 33953 US

FEI Number: 65-0198180 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PETERSON, MINDELL M
1210 SE 21ST STREET
1481-G MARKET CIRCLE

CAPE CORAL, FL 33990 US UNIT 7

PORT CHARLOTTE, FL 33953 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: DEIRDRE J. GRANT 03/29/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: PETERSON, MINDY Name: DEIRDRE, GRANT J

Address: 1210 SE 21ST STREET Address: 1481-G MARKET CIRCLE UNIT 7
City-St-Zip: CAPE CORAL, FL 33990 US City-St-Zip: PORT CHARLOTTE, FL 33953 US

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 WILSON, KAREN
 Name:
 PETERSON, MINDELL

 Address:
 27123 MATHESON AVE, APT 202
 Address:
 1210 SE 21 ST STREET

 City-St-Zip:
 BONITA SPRINGS, FL 34135 US
 City-St-Zip:
 CAPE CORAL, FL 33990 US

Title: TD () Delete Title: () Change () Addition

Name: SPEAKE, JACKIE Name:
Address: 2754 AUBURN BLVD Address:

City-St-Zip: PORT CHARLOTTE, FL 33948 US City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

Name:GRANT, DEIRDREName:GOOD, MICHELEAddress:1481-G MARKET CIR, UNIT 7Address:1481-G MARKET CIR, UNIT 7City-St-Zip:PORT CHARLOTTE, FL 33953 USCity-St-Zip:PORT CHARLOTTE, FL 33953 US

Title: D () Delete Title: () Change () Addition Name: WASNO, BOB Name:

 Name:
 WASNO, BOB
 Name:

 Address:
 3406 PALM BEACH BLVD
 Address:

 City-St-Zip:
 FORT MYERS, FL 33916 US
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 BARNES, TOMMA
 Name:

 Address:
 2301 MCGREGOR BLVD
 Address:

 City-St-Zip:
 FORT MYERS, FL 33901 US
 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: DEIRDRE J. GRANT PD 03/29/2006