2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006
Secretary of State

DOCUMENT# N37700

Entity Name: SAWGRASS HERPETOLOGICAL SOCIETY, INC.

Current Principal Place of Business:

5472 NE 3 AVE
FT. LAUDERDALE, FL 33334 US

New Principal Place of Business:

Current Mailing Address:

5472 NE 3 AVE
FT. LAUDERDALE, FL 33334 US

New Mailing Address:

FEI Number: 65-0210098 **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:

DIPALMA, GARY
2433 N.E. 7TH AVENUE
WILTON MANORS, FL 33305 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:	PD	( ) Delete
Name:	BRENNAN, MICHAEL P	
Address:	5472 NE 3 AVE	
City-St-Zip:	FT LAUDERDALE, FL 33334	
Title:	VD	( ) Delete
Name:	DIPALMA, GARY	
Address:	2473 NE 7 AVE	
City-St-Zip:	WILTON MANORS, FL 33305	
Title:	S	( ) Delete
Name:	COLLINS, DEON	
Address:	7854 KIMBERLY BLVD	
City-St-Zip:	NORTH LAUDERDALE, FL 33068	
Title:	T	( ) Delete
Name:	BRENNAN, SANDY	
Address:	5472 NE 3 AVE	
City-St-Zip:	FORT LAUDERDALE, FL 33334	

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:	

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: SANDY BRENNAN T 05/15/2006

Electronic Signature of Signing Officer or Director — Date