2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38951

FILED Apr 02, 2006 Secretary of State

Entity Name: HUMANATEE, INC. **Current Principal Place of Business: New Principal Place of Business:** 6527 COASTAL HWY CRAWFORDVILLE, FL 32327 **Current Mailing Address: New Mailing Address:** P O BOX 52 ST. MARKS, FL 32355 US FEI Number: 59-3306582 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: YOUNGSTRAND, JACQUELINE 561 RIVER PLANTATION CRAWFORDVILLE, FL 32327 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CD () Change () Addition () Delete FINCH, CATHY Name: Name: PO BOX 629 Address: Address: City-St-Zip: SAINT MARKS, FL 32355 City-St-Zip: Title: Title: () Delete () Change () Addition Name: KING, CATHY, Name: Address: 115 RODDENBERRY SINK RD. Address: City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: Title: () Delete Title: (X) Change () Addition YOUNGSTRAUD, JACQUELINE E YOUNGSTRAND, JACQUELINE E Name: Name: 561 RIVER PLANTATION 561 RIVER PLANTATION Address: Address: City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: CRAWFORDVILLE, FL 32327 Title: () Delete Title: () Change () Addition Name: HAYES, JAMIE Name: 3025 ECHO POINT LN Address: Address: City-St-Zip: TALLAHASSEE, FL 32310 City-St-Zip: Title: () Delete Title: () Change () Addition BUICE, BECKY Name: Name: PO BOX 456 Address: Address: SOPCHOPPY, FL 32358 City-St-Zip: 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: JACQUELINE YOUNGSTRAND D 04/02/2006