

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 26, 2006  
Secretary of State**

DOCUMENT# N93000003988

Entity Name: ANIMAL SHELTER FUND, INC.

**Current Principal Place of Business:**

20957 BOCA RIDGE DRIVE WEST  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

20957 BOCA RIDGE DRIVE WEST  
BOCA RATON, FL 33428

**New Mailing Address:**

FEI Number: 65-0446768      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ROSS, AMANDA-JAYNE  
20957 BOCA RIDGE DRIVE WEST  
BOCA RATON, FL 33428      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: ROSS, AMANDA-JAYNE  
Address: 20957 BOCA RIDGE DRIVE WEST  
City-St-Zip: BOCA RATON, FL 33428

Title: STD      ( ) Delete  
Name: KATZ, RONALD P  
Address: 4483 LUXEMBURG COURT  
City-St-Zip: LAKE WORTH, FL 33467

Title: VPD      ( ) Delete  
Name: DILENGE, MARIANTHI  
Address: 9262 SABLE RIDGE CIRCLE  
City-St-Zip: BOCA RATON, FL 33428

**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:

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: AMANDA-JAYNE ROSS

PD

04/26/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date