2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 14, 2006
Secretary of State

DOCUMENT# N95000000482

Entity Name: NETWORK OF HUMANE ORGANIZATIONS OF FLORIDA, INC.

Current Principal Place of Business:

7814 MONTEZUMA TRAIL
ORLANDO, FL 32825 US

New Principal Place of Business:

Current Mailing Address:

7814 MONTEZUMA TRAIL
ORLANDO, FL 32825 US

New Mailing Address:

FEI Number: 59-3297626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SARULLO, JUDITH
7814 MONTEZUMA TRAIL
ORLANDO, FL 32825 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: SARULLO, JUDITH
Address: 7814 MONTEZUMA TRAIL
City-St-Zip: ORLANDO, FL 32825

Title: VD ( ) Delete
Name: VENTURINO, MARY
Address: 7933 CHAD COURT
City-St-Zip: ST. CLOUD, FL 32811

Title: STD ( ) Delete
Name: BURKE, TIM
Address: 7814 MONTEZUMA TRAIL
City-St-Zip: ORLANDO, FL 32825

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: BACALLAO, STEPHEN
Address: 4300 GABRIELLA LANE
City-St-Zip: WINTER PARK, FL 32792

Title: SD (X) Change ( ) Addition
Name: JORDAN, MADELINE
Address: 245 QUAYSIDE CIRCLE
City-St-Zip: MAITLAND, FL 32751

Title: T ( ) Change (X) Addition
Name: MAROWITZ, ABEL N
Address: 1680 GLADIOLAS DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: T ( ) Change (X) Addition
Name: RUBINSTEIN, RICHARD DR,
Address: 1490 TUSCAWILLA ROAD
City-St-Zip: OVIEDO, FL 32765

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: ABEL N MAROWITZ T 12/14/2006

Electronic Signature of Signing Officer or Director — Date