

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002565

FILED
Apr 04, 2006
Secretary of State

Entity Name: FLORIDA ANIMAL OWNERS ALLIANCE, INC.

Current Principal Place of Business:

130 N NOVA RD
#135
ORMOND BEACH, FL 32174

Current Mailing Address:

130 N NOVA RD
#135
ORMOND BEACH, FL 32174

New Principal Place of Business:

2640-204 BLANDING AVENUE
#111
MIDDLEBURG, FL 32068 US

New Mailing Address:

2640-204 BLANDING AVENUE
#111
MIDDLEBURG, FL 32068 US

FEI Number: 65-0584898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCOTT, TANI
25 AUTUMNWOOD TRAIL
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

MCGRAIL, KIMBERLY A
126 SE 1ST AVE
CAPE CORAL, FL 33990 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: KIMBERLY A. MCGRAIL

04/04/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: HAWK, PATRICIA
Address: 320 E. BERESFORD AVE.
City-St-Zip: DELAND, FL 32724

Title: SD () Delete
Name: HERHOLD, SUZAN
Address: 515 N RIVER OAKS DR
City-St-Zip: INDIALANTIC, FL

Title: TD () Delete
Name: SCOTT, TANI
Address: 25 AUTUMNWOOD TR
City-St-Zip: ORMOND BEACH, FL 32174

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: DESBOROUGH, LAURELLA
Address: P O BOX 2552
City-St-Zip: MIDDLEBURG, FL 32050 US

Title: TD (X) Change () Addition
Name: MCGRAIL, KIMBERLY A
Address: 126 SE 1ST AVE
City-St-Zip: CAPE CORAL, FL 33990 US

Title: VPD () Change (X) Addition
Name: MAKINNEY, DIANE
Address: 2 GLENGARY RD
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

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: KIMBERLY A. MCGRAIL

TD

04/04/2006

Electronic Signature of Signing Officer or Director

Date