


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000000673	
1. Entity Name LOVE FOR LIFE ANIMAL HAVEN, INC.	

Principal Place of Business 11716 W. FIG TREE LN. CRYSTAL RIVER, FL 34428 US	Mailing Address 11716 W. FIG TREE LN. CRYSTAL RIVER, FL 34428 US
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DO NOT WRITE IN THIS SPACE



04192006 No Chg-NP CR2E037 (11/05)

4. FEI Number 94-3270877	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUMAINE, SYLVIA
11716 W. FIG TREE LN.
CRYSTAL RIVER, FL 34428

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRASER, PAVANE M 3765 GOLDSMITH RD BROOKSVILLE, FL 34602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIPPEE, PETER 1070 NEW MORNING RD CAMANO ISLANDS, WA 98292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED DUMAINE, SYLVIA 3765 GOLDSMITH RD BROOKSVILLE, FL 34602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, STEHPAN 3765 GOLDSMITH RD. BROOKSVILLE, FL 34602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUMBINE, FRED C 11716 W. FIG TREE LN. CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000532538
05/06/06-80088-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sylvia Dumaïne - Sylvia DUMAINE 4/19/06 7952959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #