2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2007
Secretary of State

DOCUMENT# N97000000673

Entity Name: LOVE FOR LIFE ANIMAL HAVEN, INC.

Current Principal Place of Business:

11716 W. FIG TREE LN.
CRYSTAL RIVER, FL 34428 US

New Principal Place of Business:

Current Mailing Address:

11716 W. FIG TREE LN.
CRYSTAL RIVER, FL 34428 US

New Mailing Address:

FEI Number: 94-3270877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DUMAINE, SYLVIA
11716 W. FIG TREE LN.
CRYSTAL RIVER, FL 34428 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:	D	( ) Delete
Name:	FRASER, PAVANE M	
Address:	3765 GOLDSMITH RD	
City-St-Zip:	BROOKSVILLE, FL 34602	
Title:	D	( ) Delete
Name:	RIPPEE, PETER	
Address:	1070 NEW MORNING RD	
City-St-Zip:	CAMANO ISLANDS, WA 98292	
Title:	PED	( ) Delete
Name:	DUMAINE, SYLVIA	
Address:	3765 GOLDSMITH RD	
City-St-Zip:	BROOKSVILLE, FL 34602	
Title:	D	( ) Delete
Name:	PHILLIPS, STEHPAN	
Address:	3765 GOLDSMITH RD.	
City-St-Zip:	BROOKSVILLE, FL 34602	
Title:	VP	( ) Delete
Name:	DUMBINE, FRED C	
Address:	11716 W. FIG TREE LN.	
City-St-Zip:	CRYSTAL RIVER, FL 34428	

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:	
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 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: SYLVIA DUMAINE PED 08/24/2007

Electronic Signature of Signing Officer or Director — Date