2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001026

City-St-Zip:

PALM BAY, FL 32907

Entity Name: ARK, HUMANE SOCIETY, INC.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
SUITE 293	ROSPECT AVE. NE, FL 32901	US	111 TOMAHAWK DR. SUITE M1203 INDIAN HARBOUR BEA	ACH, FL 32937 US	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
1220 E. PROSPECT AVE. SUITE 293 MELBOURNE, FL 32901 US		228 ORLANDO BLVD. INDIALANTIC, FL 3290:	228 ORLANDO BLVD. INDIALANTIC, FL 32903 US		
FEI Number:	59-3434820	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	New Registered Agent:	
228 ORLAI INDIALAN	of Florida.	US	rpose of changing its registered	office or registered agent, or both,	
OIOIVATOI		: Signature of Registered Ager	nt	 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () C MCLAUGHLIN, M. 228 ORLANDO B INDIALANTIC, FL	LVD.) Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () CREAMER, NANC 2138 TRILLO RO PALM BAY, FL 3	AD SE	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	TD () E RUBINSTEIN, SH 1350 PARHAM AV PALM BAY, FL 3	/E. SE	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	SD () C RICHTER, CLAIR 1870 TALL OAK MELBOURNE, FL		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address:	D () C COE, MIKE	pelete	Title: (Name: Address:) Change () Addition	

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.

City-St-Zip:

SIGNATURE: MARGARET E. MCLAUGHLIN PD 04/27/2006