2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007
Secretary of State

DOCUMENT# N98000004252

Entity Name: ANIMAL PEOPLE, INC.

Current Principal Place of Business:

P.O. BOX 679
FORT MC COY, FL 32134

New Principal Place of Business:

16228 NE 148TH TERR RD
FORT MC COY, FL 32134

Current Mailing Address:

P.O. BOX 679
FORT MC COY, FL 32134

New Mailing Address:

FEI Number: 59-3661667 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEICHLITER, GAIL A
16228 NE 148TH TERR RD
FT MCCOY, FL 32134 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: PMD ( ) Delete
Name: LEICHLITER, GAIL A
Address: 16228 NE 148TH TERR RD
City-St-Zip: FT MCCOY, FL 32134

Title: VPD ( ) Delete
Name: NYE, SUSAN
Address: P.O. BOX 1880
City-St-Zip: SILVER SPRINGS, FL 34489

Title: STD ( ) Delete
Name: LEICHLITER, GLENN E
Address: 6004 TORREY PINES DR.
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change ( ) Addition
Name: LEICHLITER, GLENN E
Address: 16232 NE 148TH TERR RD
City-St-Zip: FT MCCOY, FL 32134

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: GAIL A. LEICHLITER PMD 02/26/2007
Electronic Signature of Signing Officer or Director — Date