2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jan 25, 2006 8:00 am **Secretary of State** DOCUMENT # N99000004210 01-25-2006 90031 027 ****70 00 TIGERS FOR TOMORROW EXOTIC ANIMAL PRESERVE. Principal Place of Business Mailing Address 18905 ORANGE AVE 18095 ORANGE AVE FORT PIERCE, FL 34979 FT. PIERCE, FL 34945 2. Principal Place of Business 3. Mailing Address 708 COUNTY RD 345 708 (ounty Rd 345 Suite, Apt. #, etc Suite, Apt. #, etc. 01222006 Chg-NP CR2E037 (11/05) City & State 4. FEI Number 65-0934641 Applied For City & State ATTALLA AIAB<u>ama</u> Not Applicable ATTALLA, ALABAMA Country Country \$8.75 Additional Zip 5. Certificate of Status Desired USA 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ... Jusan Steffens STEFFENS, SUSAN M Street Address (P.O. Box Number is Not Acceptable) 18905 ORANGE AVE FT. PIERCE, FL 34945 OKECHOBEE 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. SECRE MERY Addition ☐ Delete TITLE Dana Burnett STEFFENS, SUSAN M NAME NAME STREET ADDRESS 18905 ORANGE AVE STREET ADDRESS 120 J tucker Tucker Road CITY-ST-ZIP" FORT PIERCE, FL 34945 CITY-ST-7IP Gadsden, ALABAMA 35904 ☐ Delete TITLE Addition TITLE Donald Knapp BROCKLEBANK, KAREN NAME 3449 Pire Haven Circle STREET ADDRESS 4930-3 COLUMBIA RD STREET ADDRESS BOCA RATON, FL. 33431 CITY-ST-ZIP COLUMBIA, MD 21044 CITY-ST-ZIP TD DIVETON ☐ Change Addition TITLE ☐ Defete TITLE Dand Brocklebank SPARTA, SUZANNE NAME 28 DONALDSON DR STREET ADDRESS 4930.3 COLUMBIARD STREET ADDRESS CITY-ST-ZIP GARNERVILLE, NY 10923 CITY-ST-7IP Columbia, MD 21044 □ Delete TITLE ☐ Change ☐ Addition THILE NAME KUNBALA, CINDY NAME STREET ADDRESS STREET ADDRESS 258 BUENA VISTA NEW CITY, NY 10956 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Delete Addition RENSHAW, SHAWN NAME NAME STREET ADDRESS **627 A E CHURCH STREET** STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition STEFFENS, MARY NAME NAME 11 RIVERSIDE DR. STREET ADDRESS STREET ADDRESS SUFFERN, NY 10901 CITY-ST-7IP 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.

SIGNING OFFICER OR DIRECTOR

FILED

1-19-06

Daytime Phone #