


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90161 047 \*\*\*\*70.00

<b>DOCUMENT # N99000004210</b>	
1. Entity Name <b>TIGERS FOR TOMORROW EXOTIC ANIMAL PRESERVE, INC.</b>	

Principal Place of Business <b>708 COUNTY RD 345 ATTALLA, AL 35954</b>	Mailing Address <b>708 COUNTY RD 345 ATTALLA, AL 35954</b>
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2. Principal Place of Business - No P.O. Box # <b>710 Co. Rd 345</b>	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>ATTALLA AL 35954</b>	City & State
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Zip <b>35954</b>	Country	Zip	Country
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04112007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0934641</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>STEFFENS, SUSAN M 10001 BLUEFIELD RD OKEECHOBEE, FL 34972</b>	
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7. Name and Address of New Registered Agent Name <b>DONALD KNAPP</b> Street Address (P.O. Box Number is Not Acceptable) <b>3449 Pine Haven Cir</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33431</b>	
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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 *Donald Knapp* **3-28-07**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEFFENS, SUSAN M 18905 ORANGE AVE FORT PIERCE, FL 34945 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROCKLEBANK, KAREN 4930-3 COLUMBIA RD COLUMBIA, MD 21044 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPARTA, SUZANNE 28 DONALDSON DR GARNERVILLE, NY 10923 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUNBALA, CINDY 258 BUENA VISTA 1B 2nd lane NEW CITY, NY 10956 S. Seaside Park NY 08052 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENSHAW, SHAWN 627 A E CHURCH STREET 117 NE 21st Court ORLANDO, FL 32801 Wilsonmanors, FL 32806 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEFFENS, MARY 11 RIVERSIDE DR. SUFFERN, NY 10901 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Donald Knapp / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3449 Pine Haven Cir Boca Raton, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Wilbur McCauley 253 Co. Rd 345 ATTALLA AL 35954 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Dana Burnett 1205 Tucker Rd. Gadsden AL 35904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Susan Steffens President* **3-29-07 256-524-4150**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #