

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000062503

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** NOAH'S ARK & FRIENDS INC.

**Current Principal Place of Business:**

20309 NE TODD PULLAM RD.  
HOSFORD, FL 32334

**New Principal Place of Business:**

**Current Mailing Address:**

20309 NE TODD PULLAM RD.  
HOSFORD, FL 32334

**New Mailing Address:**

**FEI Number:** 80-0587870

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

THARPE, MARY DELORES  
20309 NE TODD PULLAM RD.  
HOSFORD, FL 32334 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:** PD  
**Name:** THARPE, MARY DELORES  
**Address:** 20309 NE TODD PULLAM RD.  
**City-St-Zip:** HOSFORD, FL 32334

**Title:** VP  
**Name:** THOMAS, MARY NICOLE  
**Address:** 18027 NE COUNTY ROAD 67-A  
**City-St-Zip:** HOSFORD, FL 32334

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** MARY D THARPE

PRES

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date