

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 17, 2009
Secretary of State

DOCUMENT# N01000005564

Entity Name: CASTING FOR CATS, INC.**Current Principal Place of Business:**174 OCALA DR
TAVERNIER, FL 33070**New Principal Place of Business:****Current Mailing Address:**PO BOX 650
ISLAMORADA, FL 33036**New Mailing Address:****FEI Number:** 65-1147691**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MAHONEY-ELLENWOOD, SHARON
174 OCALA DR
TAVERNIER, FL 33070 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: D () Delete
Name: MAHONEY-ELLENWOOD, SHARON
Address: 174 OCALA DR
City-St-Zip: TAVERNIER, FL 33070

Title: D () Delete
Name: BROWNLEE, POPPY
Address: 138 MILANO DRIVE
City-St-Zip: ISLAMORADA, FL 33036

Title: T () Delete
Name: SNOWMAN, RACHEL
Address: 157 VENETIAN WAY
City-St-Zip: ISLAMORADA, FL 33036

Title: T () Delete
Name: FORTUNE, DORIS
Address: 108 EAST CARROLL ST
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: MAHONEY, VERA
Address: 95360 OVERSEAS HIGHWAY #12
City-St-Zip: KEY LARGO, FL 33070

Title: T (X) Change () Addition
Name: ALBURY-JOHNSON, CAROL
Address: 105 FIRST STREET
City-St-Zip: KEY LARGO, FL 33037

I hereby certify that the information supplied with this filing does not qualify 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: SHARON MAHONEY-ELLENWOOD

D

09/17/2009

Electronic Signature of Signing Officer or Director

Date