


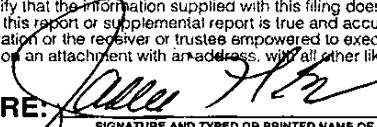
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90002 010 ****70.00

40043710



DOCUMENT # N04000001654					
1. Entity Name RESCUED UNWANTED FURRY FRIENDS, INC.					
Principal Place of Business 127 MIRACLE STRIP PKWY SW FORT WALTON BEACH, FL 32548		Mailing Address 127 MIRACLE STRIP PKWY SW FORT WALTON BEACH, FL 32548			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. STE. N-7		Suite, Apt. #, etc. STE. N-7		03182005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 20-0567829	
Zip		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEAD, MICHAEL W 24 NORTH EAST WALTER MARTIN ROAD FORT WALTON BEACH, FL 32548			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	PRESIDENT	
STREET ADDRESS			STREET ADDRESS	GENE BROOKS	
CITY-ST-ZIP			CITY-ST-ZIP	127 MIRACLE STRIP PKWY SW, STE N-7	
				FORT WALTON BEACH, FL 32548	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	SR. VICE PRESIDENT	
STREET ADDRESS			STREET ADDRESS	JANICE FOSTER BROOKS	
CITY-ST-ZIP			CITY-ST-ZIP	127 MIRACLE STRIP PKWY SW, STE N-7	
				FORT WALTON BEACH, FL 32548	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		JANICE FOSTER BROOKS 5/23/05 (850) 243-5604	