


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000001654
 1. Entity Name
 RESCUED UNWANTED FURRY FRIENDS, INC.



Principal Place of Business 127 MIRACLE STRIP PKWY SW STE N-7 FORT WALTON BEACH, FL 32548	Mailing Address 127 MIRACLE STRIP PKWY SW STE N-7 FORT WALTON BEACH, FL 32548
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02032006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 20-0667829	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 MEAD, MICHAEL W
 24 NORTH EAST WALTER MARTIN ROAD
 FORT WALTON BEACH, FL 32548

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROOKS, GENE 127 MIRACLE STRIP PKWY SW STE N-7 FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BROOKS, JANICE F 127 MIRACLE STRIP PKWY SW STE N-7 FORT WALTON BEACH, FL 32548
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 02/21/06-80039-005 70.00

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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: Mar E/S 2/6/06 (850) 243-5604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #