

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 21, 2006
Secretary of State**

DOCUMENT# N04000001654

Entity Name: RESCUED UNWANTED FURRY FRIENDS, INC.

Current Principal Place of Business:

127 MIRACLE STRIP PKWY SW
STE N-7
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

127 MIRACLE STRIP PKWY SW
STE N-7
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 20-0567829 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEAD, MICHAEL W
24 NORTH EAST WALTER MARTIN ROAD
FORT WALTON BEACH, FL 32548 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: P () Delete
Name: BROOKS, GENE
Address: 127 MIRACLE STRIP PKWY SW STE N-7
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: SVP () Delete
Name: BROOKS, JANICE F
Address: 127 MIRACLE STRIP PKWY SW STE N-7
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: DIR () Delete
Name: MICKLE, DONNA C
Address: 127 MIRACLE STRIP PKWY STE N-7
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: MICKLE, DONNA C
Address: 127 MIRACLE STRIP PKWY STE N-7
City-St-Zip: FORT WALTON BEACH, FL 32548

I hereby certify that the information supplied with this filing does not qualify for the 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: GENE BROOKS

P

08/21/2006

Electronic Signature of Signing Officer or Director

Date