

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002776

FILED
Jan 11, 2006
Secretary of State

Entity Name: PAWS WITH A CAUSE, INC.

Current Principal Place of Business:

4646 SOUTH DIVISION
WAYLAND, MI 49348

New Principal Place of Business:

Current Mailing Address:

ATTN: T. CAMERON
444 WEST MICHIGAN AVE.
KALAMAZOO, MI 490073795 US

New Mailing Address:

FEI Number: 38-2370342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: TD () Delete
Name: TURNER, STEPHEN M
Address: 10673 BYRON CENTER RD SW
City-St-Zip: BYRON CENTER, MI 49315

Title: CD () Delete
Name: HERNANDEZ, JOSE
Address: 7726 GREENBRIER DRIVE
City-St-Zip: ROCKFORD, MI 49341

Title: CEO () Delete
Name: SAPP, ANTOINETTE J
Address: 4646 S. DIVISION
City-St-Zip: WAYLAND, MI 49348

Title: COO () Delete
Name: SAPP, MICHAEL D SR
Address: 4646 S. DIVISION
City-St-Zip: WAYLAND, MI 49348

Title: SD () Delete
Name: JENSEN, GREG
Address: 11267 RURALVIEW DRIVE
City-St-Zip: HOLLAND, MI 49424

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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

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

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: ANTOINETTE JONI SAPP

CEO

01/11/2006

Electronic Signature of Signing Officer or Director

Date