2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
03-08-2006 90183 041 ****70.00

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1. Entity Name
CHIHUAHUA RESCUE AND TRANSPORT, INC.

Principal Place of Business	Mailing Address
1932 WOODRING RD. SANIBEL, FL 33957-3433	3414 PEMBERTON DR PEARLAND, TX 77584

02262006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1018866 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BALL, DIXIE LEE 1420 SE 47TH ST. CAPE CORAL, FL 33904	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BUNTEN, LYNNIE 11489 S. FOSTER RD SAN ANTONIO, TX 78223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, JANICE 608 JEFFERSON CIRCLE MARSHALL MN 56258	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ V/D PITRE, ROBIN ~~4744 ALTACREST DR.~~ 904 HIDEAWAY CT ~~GRAPEVINE, TX 76051~~ KELLER TX 76248	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOLOMON, TERESA 2350 JUNE SPRINGS DR MARIETTA GA 30008	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CRAVER, GRETCHEN 3414 PEMBERTON DR PEARLAND, TX 775849483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPANNRAFT, DAN 421 WEDGEMERE PL LIBERTYVILLE IL 60048	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'BANNON, JORJANA 847 NE 100TH SEATTLE, WA 98125	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRUGER, JENNY 6601 GULFPORT BLVD. S. SAINT PETERSBURG, FL 33707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HASENSTAB, LAURA 1407 CHASE AVE CINCINNATI, OH 45223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Gretchen Craver GRETCHEN CRAVER, TREASURER 2-27-2006 281-814-9328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #