

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004304

FILED
Feb 12, 2007
Secretary of State

Entity Name: ALLEN BABCOCK DOG & CAT RESCUE INC.

Current Principal Place of Business:

2499 NE 136 ST.
NORTH MIAMI BEACH, FL 33181

New Principal Place of Business:

12000 SW 2 ST
PLANTATION, FL 33325

Current Mailing Address:

P.O. BOX 381901
MIAMI, FL 332381901

New Mailing Address:

9715 W BROWARD BLVD
173
PLANTATION, FL 33324

FEI Number: 65-1030265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BABCOCK, ALLEN
2499 NE 136 ST.
NORTH MIAMI BEACH, FL 33181 US

Name and Address of New Registered Agent:

SZARY, CHERYL
12000 SW 2 ST
PLANTATION, FL 33325 US

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: CHERYL SZARY

02/12/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BABCOCK, ALLEN
Address: 2499 NE 136TH STREET
City-St-Zip: MIAMI, FL 33181

Title: FVPD () Delete
Name: SZARY, CHERYL
Address: 12000 SW 2 ST
City-St-Zip: PLANTATION, FL 33325

Title: TD () Delete
Name: KITE, VALERIE
Address: 18532 NW 42ND COURT
City-St-Zip: OPA LOCKA, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SZARY, CHERYL
Address: 12000 SW 2 ST
City-St-Zip: PLANTATION, FL 33325

Title: FVPD (X) Change () Addition
Name: SZARY, NICOLE
Address: 1601 NE 55 ST
City-St-Zip: FT LAUDERDALE, FL 33334

Title: TD (X) Change () Addition
Name: DELANEY, DONITA
Address: 9651 NW 44TH CT
City-St-Zip: SUNRISE, FL 33351

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: CHERYL SZARY

PD

02/12/2007

Electronic Signature of Signing Officer or Director

Date