

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004745

FILED
Jan 03, 2006
Secretary of State

Entity Name: LUCKY STAR CAVALIER RESCUE, INC.

Current Principal Place of Business:

23936 OAK TREE DRIVE
SORRENTO, FL 32776

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1173
SORRENTO, FL 327761173

New Mailing Address:

FEI Number: 59-3730351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWIM, CHRISTOPHER A
23936 OAK TREE DRIVE
SORRENTO, FL 32776 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: SWIM, CHRISTOPHER
Address: 23936 OAK TREE DRIVE
City-St-Zip: SORRENTO, FL 32776

Title: V () Delete
Name: WEBB, TONI
Address: 421 STREAMVIEW LANE
City-St-Zip: STOCKBRIDGE, GA 30281

Title: T () Delete
Name: ZINNECKER, KATHLEEN
Address: 11458 ENYART ROAD
City-St-Zip: LOVELAND, OH 45140

Title: D () Delete
Name: RIORDAN, RITA
Address: 72 S MAIN ST
City-St-Zip: GLEN ELLYN, IL 60137

Title: D () Delete
Name: DUNN, ALICE
Address: 3672 140TH AVE
City-St-Zip: HAMILTON, MI 49419

Title: D () Delete
Name: MOORE, LINDA
Address: 800 COGSWELL CIR
City-St-Zip: EDMOND, OK 730136311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: BALKEMA, SALLY
Address: 1200 FOREST TRAIL
City-St-Zip: NEW BRAUNFELS, TX 78132

Title: D (X) Change () Addition
Name: COYNE, MARY
Address: 31 FISHER STREET
City-St-Zip: WESTBOROUGH, MA 01581

Title: D (X) Change () Addition
Name: MOORE, LINDA
Address: 4120 BENT TREE DRIVE
City-St-Zip: EDMOND, OK 73034

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: CHRISTOPHER A. SWIM

PRES

01/03/2006

Electronic Signature of Signing Officer or Director

Date