

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007091

FILED
May 19, 2006
Secretary of State

Entity Name: ALLEY CAT ORPHANS, INC.

Current Principal Place of Business:

3455 TARRAGON ST.
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 236323
COCOA, FL 32923

New Mailing Address:

FEI Number: 01-0659451 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LEWIS, ANTOINETTE
3455 TARRAGON ST.
COCOA, FL 32926 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEWIS, ANTOINETTE
Address: 3455 TARRAGON ST.
City-St-Zip: COCOA, FL 32926

Title: VD () Delete
Name: SHRUM, WILLIAM K
Address: 4185 KNOXVILLE AVE.
City-St-Zip: COCOA, FL 32926

Title: SD () Delete
Name: JAMES, NIKOLAS
Address: 3320 WALL BLVD., #1-301
City-St-Zip: GRETA, LA 70056

Title: TD () Delete
Name: LEPPE, MARY
Address: 328 BAYWEST NEIGHBORS CIRCLE
City-St-Zip: ORLANDO, FL 32835

Title: EVD (X) Delete
Name: CHRISTIE, ANDREA DR.
Address: 1121 COLUMBIA CT.
City-St-Zip: GOOSE CREEK, SC 29445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: JERRY, KRISTY
Address: 7733 BOREAS
City-St-Zip: ORLANDO, FL 32822

Title: SD (X) Change () Addition
Name: JAMES, NIKOLAS
Address: 363 WORCHESTER COVE
City-St-Zip: CORDOVA, TN 38018

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 LEWIS

PD

05/19/2006

Electronic Signature of Signing Officer or Director

Date