

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003810

FILED
Apr 27, 2006
Secretary of State

Entity Name: STRAY AID & RESCUE, INC.

Current Principal Place of Business:

1305 GUAVA ISLE
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

1305 GUAVA ISLE
FORT LAUDERDALE, FL 33315

New Mailing Address:

FEI Number: 58-2668168 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIANE M. FRASER
1305 GUAVA ISLE
FORT LAUDERDALE, FL 33315 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: FRASER, DIANE M
Address: 1305 GUAVA ISLE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: V () Delete
Name: SMITH, KATHY
Address: 1412 NE 17TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: ST () Delete
Name: CREEL, SANDY
Address: 751 N PINE ISLAND ROAD #104
City-St-Zip: PLANTATION, FL 33324

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: WILLIAMS, SUZANNE
Address: 1108 MANDARIN ISLE
City-St-Zip: FORT LAUDERDALE, FL 33315 US

Title: T () Change (X) Addition
Name: SCHULTZ, JODY
Address: 10101 SW 5TH STREET
City-St-Zip: PLANTATION, FL 33324 US

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: DIANE M. FRASER

P

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date