

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90035 010 ****70.00

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1. Entity Name
 EXOTICATZ SANCTUARY, INC.



Principal Place of Business **PLEASE CORRECT**
 17211 SHELBY LANE
 N FT MYERS, FL 33917
 Mailing Address
 POST OFFICE BOX 4412
 NORTH FT. MYERS, FL 33918
17221 SHELBY LANE

40130481



PEGGY MENDEZ
 P.O. Box 4412
 N. Fort Myers, FL 33918
 GOD BLESS THE CATS!



2. Principal Place of Business - No P.O. Box #
 SEE ABOVE CORRECTION
 3. Mailing Address
 SEE ABOVE

Suite, Apt. #, etc.
 17221 SHELBY LANE
 City & State
 N. FORT MYERS, FLORIDA 33917

08172007 Chg-NP CR2E037 (12/06)

4. FEI Number
 86-0875516
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MENDEZ, PEGGY
 17221 SHELBY LANE
 NORTH FORT MYERS, FL 33917
17221 SHELBY LANE
N. FT MYERS, FL
33917

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable DATE

Filing Fee is \$61.25
 Due by September 14, 2007

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
 TITLE P
 NAME MENDEZ, PEGGY
 STREET ADDRESS 17221 SHELBY LANE
 CITY-ST-ZIP N FT MYERS, FL 33917

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
 TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V
 NAME RIVIELLO, MARLENE
 STREET ADDRESS 16284 SHADOW PINE RD.
 CITY-ST-ZIP N. FT. MYERS, FL 33917

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 CITY-ST-ZIP

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: Peggy Mendez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-07
 Date Daytime Phone #

239 731-2289