2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# N03000005210

Entity Name: FERAL CAT CONTROL INC.

Current Principal Place of Business:

16115 SW 117TH AVENUE
A16
MIAMI, FL 33177

New Principal Place of Business:

Current Mailing Address:

16115 SW 117TH AVENUE
A16
MIAMI, FL 33177

New Mailing Address:

FEI Number: 02-0697593 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PORTER, CRAIG S
11791 SW 190TH TERR RD
MIAMI, FL 33177 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: PTD ( ) Delete
Name: PORTER, CRAIG
Address: 11791 SW 190 TERR RD
City-St-Zip: MIAMI, FL 33177

Title: DVP ( ) Delete
Name: DIAZ, ERNESTO
Address: 5023 SW 147 PLACE
City-St-Zip: MIAMI, FL 33185

Title: D ( ) Delete
Name: CANO, ELIZABETH
Address: 20621 SW 124 PLACE
City-St-Zip: MIAMI, FL 33177

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: D (X) Change ( ) Addition
Name: CLAYTON, HUBBARD
Address: 1332 SW 93 PL
City-St-Zip: MIAMI, FL 33174

Title: S ( ) Change (X) Addition
Name: CANO, ELIZABETH
Address: 20621 SW 124 PLACE
City-St-Zip: MIAMI, FL 33177

I hereby certify that the information supplied with this filing does not qualify 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: CRAIG PORTER PRES 04/16/2008

Electronic Signature of Signing Officer or Director — Date