


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000005695	
1. Entity Name LOST ANGELS ANIMAL RESCUE, INC.	

Principal Place of Business PO BOX 3696 RIVERVIEW, FL 33568	Mailing Address PO BOX 3696 RIVERVIEW, FL 33568
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DO NOT WRITE IN THIS SPACE



02072007 No Chg-NP CR2E037 (4/06)

4. FEI Number 06-1699781	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILSON, KELLY 4605 HIDDEN SHADOW DRIVE TAMPA, FL 33614	DO NOT WRITE IN THIS SPACE
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) DATE _____


Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUILLEN, DESIREE 6901 W CREEK DRIVE TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRADFORD, ELIZABETH 2914 BURR OAK DRIVE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AKMAN, DILEK 4318 BRANDON RIDGE DRIVE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/19/07-80002-014 61.25

DO NOT WRITE
IN THIS SPACE

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: 	2-7-07 (813) 514-0595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Desiree Guillen	Date Daytime Phone #