

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008173

FILED
Aug 26, 2004
Secretary of State**Entity Name:** IT'S MEOW OR NEVER ANIMAL SANCTUARY, INC.**Current Principal Place of Business:**PO BOX 833120
MIAMI, FL 33283**New Principal Place of Business:****Current Mailing Address:**PO BOX 833120
MIAMI, FL 33283**New Mailing Address:****FEI Number:** 05-6453092**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DELOATCH, WALTER JR ESQ
169 EAST FLAGLER STREET STE 1616
MIAMI, FL 33131**Name and Address of New Registered Agent:**STEWART, C.
14195 S.W. 87 STREET
B202
MIAMI, FL 33183

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: C. STEWART

08/26/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DPT () Delete
Name: STEWART, MADONNA
Address: PO BOX 833120
City-St-Zip: MIAMI, FL 33283**Title:** DS () Delete
Name: STEWARTZ, CHRISTINE
Address: 241 EAST 700 NORTH
City-St-Zip: OREM, UT 84057**Title:** DV () Delete
Name: TATEM, REGINA
Address: 608 MAIN STREET
City-St-Zip: NEWPORT NEWS, VI 23605**Title:** D () Delete
Name: ELAN, MICHAEL
Address: PO BOX 833120
City-St-Zip: MIAMI, FL 33283**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: SCHWARTZ, CHRISTINE
Address: 241 EAST 700 NORTH
City-St-Zip: OREM, UT 84057**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DS () Change (X) Addition
Name: KUHFAL, CARAMIA
Address: P.O. BOX 1216
City-St-Zip: WAHPETON, ND 58074

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MADONNA STEWART

DPT

08/26/2004

Electronic Signature of Signing Officer or Director

Date