2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90163 003 ****61.25

DOCUMENT # N03000008173

1. Entity Name
IT'S MEOW OR NEVER ANIMAL SANCTUARY, INC.

Principal Place of Business	Mailing Address
PO BOX 833120 MIAMI, FL 33283	PO BOX 833120 MIAMI, FL 33283

20055298

2. Principal Place of Business	3. Mailing Address
PO BOX 3194	P.O. Box 3194
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Holiday Fl.	City & State: Holiday Florida
Zip: 34690 Country: USA	Zip: 34690 Country: USA

04282005 Chg-NP CR2E037 (10/03)

4. FEI Number: 05-6453092 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEWART, C. 14195 S.W. 87 STREET B202 MIAMI, FL 33183	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: C. Stewart
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) Date

Filing Fee is $61.25
Due by May 1, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DPT NAME: STEWART, MADONNA STREET ADDRESS: PO BOX 833120 CITY ST ZIP: MIAMI, FL 33283	☐ Delete	TITLE: NAME: STREET ADDRESS: PO BOX 3194 CITY ST ZIP: Holiday, Fl. 34690	☑ Change ☐ Addition
TITLE: D NAME: SCHWARTZ, CHRISTINE STREET ADDRESS: 241 EAST 700 NORTH CITY ST ZIP: OREM, UT 84057	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY ST ZIP:	☐ Change ☐ Addition
TITLE: DV NAME: TATEM, REGINA STREET ADDRESS: 608 MAIN STREET CITY ST ZIP: NEWPORT NEWS, VI 23605	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY ST ZIP:	☐ Change ☐ Addition
TITLE: D NAME: ELAN, MICHAEL STREET ADDRESS: PO BOX 833120 CITY ST ZIP: MIAMI, FL 33283	☐ Delete	TITLE: NAME: STREET ADDRESS: P O Box 3194 CITY ST ZIP: Holiday, Fl. 34690	☑ Change ☐ Addition
TITLE: DS NAME: KUHFAL, CARAMIA STREET ADDRESS: P.O. BOX 1216 CITY ST ZIP: WAHPETON, ND 58074	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY ST ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY ST ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY ST ZIP:	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Madonna [signature] 4-27-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #