2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# N03000008173

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

Current Principal Place of Business:

P O BOX 3194
HOLIDAY, FL 34690

New Principal Place of Business:

3910 NW 49TH ST
TAMARAC, FL 33309

Current Mailing Address:

P O BOX 3194
HOLIDAY, FL 34690

New Mailing Address:

P.O. BOX 2104
LENOIR, NC 28645

FEI Number: 05-6453092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEWART, C.
14195 S.W. 87 STREET
B202
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

STEWART, C.
3910 NW 49TH ST
TAMARAC, FLORIDA, FL 33309 US

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: _____ 04/10/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: STEWART, MADONNA
Address: P O BOX 3194
City-St-Zip: HOLIDAY, FL 34690

Title: D ( ) Delete
Name: SCHWARTZ, 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: P O BOX 3194
City-St-Zip: HOLIDAY, FL 34690

Title: DS ( ) Delete
Name: KUHFAL, CARAMIA
Address: P.O. BOX 1216
City-St-Zip: WAHPETON, ND 58074

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: STEWART, MADONNA
Address: P.O. BOX 2104
City-St-Zip: LENOIR, NC 28645

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ELAN, MICHAEL
Address: P.O. BOX 2104
City-St-Zip: LENOIR, NC 28645

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MADONNA STEWART PRES 04/10/2006
Electronic Signature of Signing Officer or Director — Date