

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010334

**FILED
Apr 21, 2004
Secretary of State**

Entity Name: THE LITTLE CATS' RESCUE, INC.

Current Principal Place of Business:

4229 ABACO CT
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

4229 ABACO CT
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 84-1631024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAKS, RAEANNA
4229 ABACO CT
NEW PORT RICHEY, FL 34653

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: PSTD () Delete
Name: SAKS, RAEANNA
Address: 4229 ABACO CT
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: LEVENSON, RUTH
Address: P.O. BOX 1092
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: PONCE, DORA
Address: 1304 DUKES DR
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: RAEANNA SAKS

PSTD

04/21/2004

Electronic Signature of Signing Officer or Director

_____ Date