

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90111 029 ****70.00



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1. Entity Name

THE LITTLE CATS' RESCUE, INC.

Principal Place of Business

4229 ABACO CT
NEW PORT RICHEY FL 34653

Mailing Address

4229 ABACO CT
NEW PORT RICHEY FL 34653



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 1559

1st MOORE CR2E037 (10/05)

City & State

City & State

EIFERS FL

4. FEI Number

84-1631024

Applied For

Not Applicable

Zip

Country

Zip

Country

34680

USA

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

SAKS, RAEANNA
4229 ABACO CT
NEW PORT RICHEY FL 34653

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 PSTD Delete
NAME SAKS, RAEANNA
STREET ADDRESS 4229 ABACO CT
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME LEVENSON, RUTH
STREET ADDRESS P.O. BOX 1092
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD Change Addition
NAME Lisa Florio
STREET ADDRESS 2546 Brinkley Dr.
CITY-ST-ZIP Trinity FL 34655

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Change Addition
NAME Richard Griffiths
STREET ADDRESS 9247 Haynie Ct.
CITY-ST-ZIP Trinity FL 34655

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

RaeAnna Saks RaeAnna Saks

4/6/06

727 815 0772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #