2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Feb 28, 2007 8:00 am Secretary of State DOCUMENT # N03000010334 02-28-2007 90007 013 ****70.00 THE LITTLE CATS' RESCUE, INC. Principal Place of Business Mailing Address 4229 ABACO CT POB 1559 **NEW PORT RICHEY, FL 34653** ELFERS, FL 34680 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 84-1631024 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAKS, RAEANNA 4229 ABACO CT Street Address (P.O. Box Number is Not Acceptable) NEW PORT RICHEY, FL 34653 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 Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2007 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PSTD TITLE ☐ Delete TITLE ☐ Channe ☐ Addition SAKS, RAEANNA NAME NAME STREET ADDRESS 4229 ABACO CT STREET ADDRESS NEW PORT RICHEY, FL 34653 CITY-ST-ZIP CITY-ST-7IP TITLE Delete Change ☐ Addition 1490 VENTHOR AUC NAME LEVENSON, RUTH NAME STREET ADDRESS P.O-BOX 1092-STREET ADDRESS TARPON SPRINGS, FL 34689 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition FLORIO, LISA NAME NAME STREET ADDRESS 2546 BRINLEY DR STREET ADDRESS CITY-ST-7IP NEW PORT RICHEY, FL 34655 CITY-ST-ZIP VP, D TITLE Delete TITLE Addition ☐ Change GRIFFITTS, RICHARD NAME STREET ADDRESS 9247 HAYNIE CT STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34655 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

RaeAnna Saks 2/17/07

FILED