

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 15, 2006
Secretary of State**

DOCUMENT# N04000002481

Entity Name: WHISPERING WHISKERS, INC.

Current Principal Place of Business:

4650 SE 14TH TERRACE
BUSHNELL, FL 33513

New Principal Place of Business:

Current Mailing Address:

4650 SE 14TH TERRACE
BUSHNELL, FL 33513

New Mailing Address:

FEI Number: 51-0499114 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARKIN, VANESSA
4650 SE 14TH TERRACE
BUSHNELL, FL 33513 US

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: D () Delete
Name: SHAMP, DARREN
Address: 4650 SE 14TH TERRACE
City-St-Zip: BUSHNELL, FL 33513

Title: D () Delete
Name: KOZLOW, DANIEL
Address: 4650 SE 14TH TERRACE
City-St-Zip: BUSHNELL, FL 33513

Title: P () Delete
Name: LARKIN, VANESSA
Address: 4650 SE 14TH TERRACE
City-St-Zip: BUSHNELL, FL 33513

Title: D () Delete
Name: CAWTHARD, JAMES W
Address: 4650 SE 14TH TERRACE
City-St-Zip: BUSHNELL, FL 33513

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:

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: VANESSA LARKIN

P

01/15/2006

Electronic Signature of Signing Officer or Director

_____ Date