2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N04000006921

Entity Name: WHISKERS AND PAWS, INC.

Current Principal Place of Business:

4534 BOND LANE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

4534 BOND LANE
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 20-1416965 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIRIG, ANGELA
4534 BOND LANE
OVIEDO, FL 32765 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: DIRIG, ANGELA
Address: 4534 BOND LANE
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete
Name: YEARGAIN, K. MICHELE
Address: 1850 EMERALD GREEN CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete
Name: DICKIE, AUDREY
Address: 4443 SADDLEWORTH CIRCL
City-St-Zip: ORLANDO, FL 32826

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 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: ANGELA DIRIG PRES 04/29/2009

Electronic Signature of Signing Officer or Director Date