

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009579

FILED  
May 02, 2007  
Secretary of State

**Entity Name:** ANGELS HAVE WHISKERS, INC.

**Current Principal Place of Business:**

1142 BUCKLES RD  
PIERSON, FL 32180

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 274  
BARBERVILLE, FL 32105

**New Mailing Address:**

FEI Number: 42-1649030      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

STOCKHOLM, CHERIE  
1142 BUCKLES RD  
PIERSON, FL 32180      US

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: STOCKHOLM, CHERIE  
Address: 1142 BUCKLES RD  
City-St-Zip: PIERSON, FL 32180

Title: D ( ) Delete  
Name: RUBIN, MARK  
Address: 3693 WALDEN POND DR  
City-St-Zip: SARASOTA, FL 34240

Title: D ( ) Delete  
Name: WASKIEWICZ-PELELLA, CINDY  
Address: 6 RIVER ROCK TRL  
City-St-Zip: ORMOND BEACH, FL 32174

**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: CHERIE STOCKHOLM

D

05/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date