2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008
Secretary of State

DOCUMENT# N06000000036

Entity Name: FUR EVER SANCTUARY, INC.

Current Principal Place of Business:

14001 U.S. 301 NORTH
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

14001 U.S. 301 NORTH
PARRISH, FL 34219

New Mailing Address:

FEI Number: 20-3927217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MILLIS, TINA
14001 US HWY 301 NORTH
PARRISH, FL 34219 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: PSTD ( ) Delete
Name: MILLIS, TINA
Address: 14001 U.S. 301 NORTH
City-St-Zip: PARRISH, FL 34219

Title: VPAS ( ) Delete
Name: MILLIS, HAROLD
Address: 111 16TH AVENUE SW
City-St-Zip: RUSKIN, FL 33570

Title: ATD ( ) Delete
Name: MILLIS, HAROLD
Address: 111 16TH AVENUE SW
City-St-Zip: RUSKIN, FL 33570

Title: D ( ) Delete
Name: LINSKY, DONALD
Address: 1509 B SUN CITY CENTER PLAZA
City-St-Zip: SUN CITY CENTER, FL 33573

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: D ( ) Change (X) Addition
Name: BELTRAM, BILLIE
Address: 2809 HARPER PLACE
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Change (X) Addition
Name: BERKOWITZ, IRVING H
Address: 301 CALOOS PALMS COURT
City-St-Zip: SUN CITY CENTER, FL 33573

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: TINA MILLIS PSTD 03/12/2008
Electronic Signature of Signing Officer or Director — Date