


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90029 031 ****61.25

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| DOCUMENT # N06000001377 |  |
| 1. Entity Name FOR THE LOVE OF CATS, INC. | |

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| Principal Place of Business 147 STILLWATER CT MARCO ISLAND, FL 34145 | Mailing Address 147 STILLWATER CT MARCO ISLAND, FL 34145 |
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| 2. Principal Place of Business - No P.O. Box # 340 CAPISTRANO CT | 3. Mailing Address P.O. Box 1777 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|---|---|
| City & State MARCO ISLAND, FL | City & State MARCO ISLAND, FL |
| Zip 34145 | Country U.S.A. |
| Zip 34146 | Country USA |



02062007 Chg-NP CR2E037 (12/06)

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| 6. Name and Address of Current Registered Agent RICH, JANET H 147 STILLWATER CT MARCO ISLAND, FL 34145 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 340 CAPISTRANO CT City MARCO ISLAND FL Zip Code 34145 | |

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  DATE **2-6-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICH, JAMES F 147 STILLWATER CT MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICH, JAMES F. 340 CAPISTRANO CT MARCO ISLAND, FL 34145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICH, JANET H 147 STILLWATER CT MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICH, JANET H. 340 CAPISTRANO CT MARCO ISLAND, FL 34145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MICHELINE, MICHELLE 270 N. COLLIER BLVD #206 MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TOBIE, RUTH 1273 BLUEBIRD AVE MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LONDON, CONNIE 1681 GALLEON CT MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE:  **JANET H. RICH** **2-06-07** **239-642-8674**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #