

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004524

FILED
Apr 27, 2006
Secretary of State

Entity Name: CATS4ADOPTION INC

Current Principal Place of Business:

9144 SHADOW GLEN WAY
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

9144 SHADOW GLEN WAY
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 82-0565604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNN, AUDREY
9144 SHADOW GLEN WAY
FORT MYERS, FL 33913 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: PD () Delete
Name: LYNN, AUDREY
Address: 9144 SHADOW GLEN WAY
City-St-Zip: FORT MYERS, FL 33913

Title: TD () Delete
Name: WARNER, MARK
Address: 631 OCEAN AVENUE
City-St-Zip: BRADLEY BEACH, NJ 07720

Title: SD () Delete
Name: BARKAN, RENEE
Address: 134 W. HOUSTON STREET
City-St-Zip: NEW YORK, NY 10012

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 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: AUDREY LYNN

PD

04/27/2006

Electronic Signature of Signing Officer or Director

Date