

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004524

FILED  
Apr 29, 2010  
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  
Name: LYNN, AUDREY  
Address: 9144 SHADOW GLEN WAY  
City-St-Zip: FORT MYERS, FL 33913

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

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

I hereby 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 all other like empowered.

SIGNATURE: AUDREY LYNN

PD

04/29/2010

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

\_\_\_\_\_  
Date