2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006049

Entity Name: CATS ARE MY LOVE, INC.

FILED Mar 16, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 200 W 16TH STREET
 2410 PEAR TREE CT

 SANFORD, FL 32771
 ORLANDO, FL 32807 US

Current Mailing Address: New Mailing Address:

 200 W 16TH STREET
 2410 PEAR TREE CT

 SANFORD, FL 32771
 ORLANDO, FL 32807 US

FEI Number: 56-2588051 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KRYSTOSEK, LINDA S
200 W 16TH STREET 2410 PEAR TREE CT
SANFORD, FL 32771 US ORLANDO, FL 32807 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: LINDA S. KRYSTOSEK 03/16/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

P () Delete Title: PRES (X) Change () Addition
KRYSTOSEK LINDA Name: KRYSTOSEK LINDA

 Name:
 KRYSTOSEK, LINDA
 Name:
 KRYSTOSEK, LINDA

 Address:
 200 W 16TH STREET
 Address:
 2410 PEAR TREE CT

 City-St-Zip:
 SANFORD, FL 32771
 City-St-Zip:
 ORLANDO, FL 32807 US

Title: VP () Delete Title: VP (X) Change () Addition Name: ANDERSON, SHARON Name: COLE, KATHY

 Name
 ANDERSON, SHARON
 Name
 COLE, RATH

 Address:
 200 W 16TH STREET
 Address:
 2410 PEAR TREE CT.

 City-St-Zip:
 SANFORD, FL 32771
 City-St-Zip:
 ORLANDO, FL 32807 US

Title: ST () Delete Title: SEC (X) Change () Addition Name: WILDE, PAMALA Name: RAPPA, DAWN M

 Name:
 WILDE, PAMALA
 Name:
 RAPPA, DAWN M

 Address:
 2410 PEAR TREE CT
 Address:
 2410 PEAR TREE CT

 City-St-Zip:
 ORLANDO, FL 32807
 City-St-Zip:
 ORLANDO, FL 32807 US

Title: () Delete Title: TRES () Change (X) Addition

 Name:
 Name:
 TRICKEY, ANNA

 Address:
 Address:
 2410 PEAR TREE CT.

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32807 US

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: LINDA S. KRYSTOSEK PRES 03/16/2008