2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# N06000006787

Entity Name: HURRICANE PETS RESCUE, INC

Current Principal Place of Business:

2160 BAY DRIVE WEST
SUITE # 14
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

2160 BAY DRIVE WEST
SUITE # 14
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 42-1693737 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALBANO, CELENE
2160 BAY DRIVE WEST
SUITE # 14
MIAMI BEACH, FL 33141 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:	PCD	( ) Delete
Name:	ALBANO, CELENE SUSANA	
Address:	2160 BAY DRIVE WEST # 14	
City-St-Zip:	MIAMI BEACH, FL 33141	
Title:	VD	( ) Delete
Name:	GORSUCH, LINDA	
Address:	2603 COLONIAL RD.	
City-St-Zip:	ACCOKEEK, MD 20607	
Title:	SD	( ) Delete
Name:	THISTLEWAITE, TERRY	
Address:	4544 W. WARD AVE.	
City-St-Zip:	RIDGECREST, CA 93555	
Title:	TD	( ) Delete
Name:	SLAPOCHNIK, SARA	
Address:	830 RAYMOND STREET	
City-St-Zip:	MIAMI BEACH, FL 33141	
Title:	D	( ) Delete
Name:	DUBOIS, BARI	
Address:	6610 RANCH CREEK CT.	
City-St-Zip:	MAGNOLIA, TX 77354	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: CELENE ALBANO PCD 04/25/2007

Electronic Signature of Signing Officer or Director — Date