

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009969

Entity Name: K94U RESCUE, INC.

FILED  
Jan 07, 2008  
Secretary of State

## Current Principal Place of Business:

1901 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33060

## New Principal Place of Business:

1940 SE 2 STREET  
POMPANO BEACH, FL 33060

## Current Mailing Address:

1901 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33060

## New Mailing Address:

1940 SW 2 STREET  
POMPANO BEACH, FL 33060

FEI Number: 20-5590817

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION  
1261 E SAMPLE RD  
POMPANO BEACH, FL 33064 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: CULLIN, DELCIE  
Address: 1901 E. ATLANTIC BLVD.  
City-St-Zip: POMPANO BEACH, FL 33060

Title: VPD ( ) Delete  
Name: PHENES, ANDREA Z  
Address: 1901 E. ATLANTIC BLVD.  
City-St-Zip: POMPANO BEACH, FL 33060

Title: TD ( ) Delete  
Name: LEVINSON, ADAM  
Address: 1901 E. ATLANTIC BLVD.  
City-St-Zip: POMPANO BEACH, FL 33060

Title: SD ( ) Delete  
Name: SANGEORGI, SAMUEL  
Address: 1901 E. ATLANTIC BLVD.  
City-St-Zip: POMPANO BEACH, FL 33060

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CULLIN, DELCIE  
Address: 1940 SE 2 STREET  
City-St-Zip: POMPANO BEACH, FL 33060

Title: VPD (X) Change ( ) Addition  
Name: PHENES, ANDREA Z  
Address: 1940 SE 2 STREET  
City-St-Zip: POMPANO BEACH, FL 33060

Title: TD (X) Change ( ) Addition  
Name: LEVINSON, ADAM  
Address: 1940 SE 2 STREET  
City-St-Zip: POMPANO BEACH, FL 33060

Title: SD (X) Change ( ) Addition  
Name: SANGEORGI, SAMUEL  
Address: 1940 SE 2 STREET  
City-St-Zip: POMPANO BEACH, FL 33060

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: DELCIE CULLIN

PD

01/07/2008

Electronic Signature of Signing Officer or Director

Date