

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003128

FILED  
Jan 11, 2008  
Secretary of State

Entity Name: FELINE FANCIERS, INC.

## Current Principal Place of Business:

16955 SW 288TH STREET  
HOMESTEAD, FL 33030

## New Principal Place of Business:

## Current Mailing Address:

16955 SW 288TH STREET  
HOMESTEAD, FL 33030

## New Mailing Address:

FEI Number: 26-1135069

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

RUNDQUIST, KAREN D  
16955 SW 288TH STREET  
HOMESTEAD, FL 33030 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: D ( ) Delete  
Name: JACKSON, SUE  
Address: 7885 SW 132 STREET  
City-St-Zip: PINECREST, FL 33156

Title: D ( ) Delete  
Name: RUNDQUIST, KAREN D  
Address: 16955 SW 288TH STREET  
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete  
Name: NASREDDINE, MARLENE  
Address: 3500 S MOORINGS WAY  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: DRUMMOND, MARGOT  
Address: 9291 SW 68TH STREET  
City-St-Zip: MIAMI, FL 33173

## 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:

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: KAREN D. RUNDQUIST

D

01/11/2008

Electronic Signature of Signing Officer or Director

Date