2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007270

Entity Name: KITTY KORNER CAT SANCTUARY, INC.

FILED Apr 12, 2009 Secretary of State

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

3346 LORETTO RD. JACKSONVILLE, FL 32223

Current Mailing Address: New Mailing Address:

3346 LORETTO RD. 11840 ACOSTA ROAD JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223

FEI Number: 26-0652388 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

REESE, RHONDA K
3346 LORETTO RD.
JACKSONVILLE, FL 32223 US
REESE, RHONDA K
11840 ACOSTA ROAD
JACKSONVILLE, FL 32223 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: 04/12/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: REESE, RHONDA K REESE, RHONDA K

 Name:
 REESE, RHONDA K
 Name:
 REESE, RHONDA K

 Address:
 3346 LORETTO RD.
 Address:
 11840 ACOSTA ROAD

 City-St-Zip:
 JACKSONVILLE, FL 32223
 City-St-Zip:
 JACKSONVILLE, FL 32223

Title: VD () Delete Title: () Change () Addition

 Name:
 NUEDECK, DEBORAH
 Name:

 Address:
 12412 FLYNN RD.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32223
 City-St-Zip:

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

Name:HANSBURY, TERESAName:WALLER, VIRGINIAAddress:11897 HONEY LOCUST DR.Address:2448 BIRDWOOD DRIVECity-St-Zip:JACKSONVILLE, FL 32223City-St-Zip:ORANGE PARK, FL 32073

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: RHONDA REESE DIR 04/12/2009