2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007463

Entity Name: LAKELAND AVIAN RESCUE INC.

FILED Aug 19, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5337 N. SOCRUM LOOP #312 LAKELAND, FL 33809

Current Mailing Address: New Mailing Address:

5337 N. SOCRUM LOOP #312 LAKELAND, FL 33809

FEI Number: 26-0649162 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

KLINE, L. REBECCA KLINE, REBECCA 9240 MOORE RD 9240 MOORE RD

LAKELAND, FL 33809 US LAKELAND, FL 33809 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: ERIC KLINE 08/19/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 KLINE, L. REBECCA
 Name:
 KLINE, REBECCA

 Address:
 9240 MOORE RD
 Address:
 9240 MOORE RD

 City-St-Zip:
 LAKELAND, FL 33809
 City-St-Zip:
 LAKELAND, FL 33809

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

 Name:
 BUJAK, SHARON
 Name:

 Address:
 7438 SEA ISLAND RD
 Address:

 City-St-Zip:
 FORT MYERS, FL 33967
 City-St-Zip:

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

 Name:
 KLINE, ERIC
 Name:

 Address:
 9240 MOORE RD
 Address:

 City-St-Zip:
 LAKELAND, FL 33809
 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: ERIC KLINE D 08/19/2008