

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

3. **FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90002 013 \*\*\*\*61.25

<b>DOCUMENT # N07000011122</b> 1. Entity Name FERAL FANCIERS, INC.					
Principal Place of Business 5205 DEESON PT BLVD LAKE LAND, FL 33805			Mailing Address 5205 DEESON PT BLVD LAKE LAND, FL 33805		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <div style="font-size: 1.2em; font-family: cursive;">32-0225046</div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RODRIGUEZ, YOLIE 5205 DEESON PT BLVD LAKE LAND, FL 33805				Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<div style="text-align: right;">Make check payable to Florida Department of State</div>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LINGARD, BONNIE 1705 GREENWOOD ROAD LAKE LAND, FL 33805			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RODRIGUEZ, YOLIE 5205 DEESON PT BLVD LAKE LAND, FL 33805			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HOOVER, LESLIE 710 W SOCRUM LOOP #11 LAKE LAND, FL 33809			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="height: 40px;"></div>			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="height: 40px;"></div>			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="height: 40px;"></div>			<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Leslie Hoover</i> <b>Leslie Hoover</b> <span style="float: right;">3-13-08 231-590-9969</span>					

**66005637**



02112008 Chg-NP CR2E037 (12/06)