
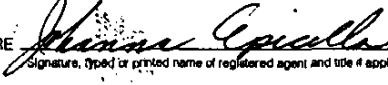
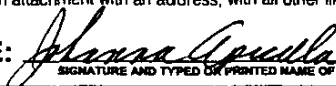


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90003 023 ****61.25

DOCUMENT # N29990					
1. Entity Name DOGS AND CATS FOREVER, INC.					
Principal Place of Business 9550 CARLTON RD. PORT ST LUCIE, FL 34987			Mailing Address 2012 LAUREL OAK LANE PALM CITY, FL 34990		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		08072006 Chg-NP CR2E037 (4/06)	
Zip		Country		4. FEI Number 65-0118134	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
APICELLA, JOHANNA 2012 LAUREL OAK LANE PALM CITY, FL 34990			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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: 		(NOTE: Registered Agent signature required when reconstituting)		DATE	
Filing Fee is \$81.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DOB	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINSCOTT, LAURA		NAME	LINSCOTT, LAURA	
STREET ADDRESS	2180 MIDTOWN ROAD		STREET ADDRESS	2180 MIDTOWN RD	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952		CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	APICELLA, JOHANNA		NAME	SU FLOOR	
STREET ADDRESS	2012 LAUREL OAK LANE		STREET ADDRESS	793 CORDOVA	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP	BOCA RATON, FL 33482	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUBBARD, EDWARD		NAME	SUSAN MOORE	
STREET ADDRESS	325 NE 7TH STREET		STREET ADDRESS	1826 DUTTONBUSH CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALLUM, GAIL		NAME		
STREET ADDRESS	556 HALPATIOKEE ST		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALLACOMBE, ROBERT		NAME		
STREET ADDRESS	8246 SE SANCTUARY DR		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		JOHANNA APICELLA		8/15/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	