


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N94000003955</b> 1. Entity Name <b>STRAY NO MORE, INC.</b>	
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Principal Place of Business <b>99 MEADOWS PARK LANE BOYNTON BEACH, FL 33436</b>	Mailing Address <b>POST OFFICE BOX 6106 LAKE WORTH, FL 33466-6106</b>
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05052006 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0515998</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**HIGHTOWER, SANDRA  
99 MEADOWS PARK LANE  
BOYNTON BEACH, FL 33436**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WERLING, SUE
STREET ADDRESS	121 GRANADA CT
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	PT
NAME	HIGHTOWER, SANDRA
STREET ADDRESS	99 MEADOWS PARK LANE
CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	S
NAME	SHEROUSE, SUE
STREET ADDRESS	6640 BASTVIEW DR
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000563441  
05/20/06-80009-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Sandy Hightower*  
**Sandy Hightower**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*May 5, 2006*  
**May 5, 2006**

Daytime Phone #

*(561) 683-4537*  
**(561) 683-4537**