2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005254

Entity Name: SAVE OUR STRAYS, INC.

FILED Jan 22, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 861-15TH AVENUE NORTH 14530 OLIVER ST ST. PETERSBURG, FL 33704 LARGO, FL 33774 **Current Mailing Address: New Mailing Address:** 861-15TH AVENUE NORTH PO BOX 373 ST. PETERSBURG, FL 33704 INDIAN ROCKS BEACH, FL 33785 FEI Number: 59-3274561 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KIEFNER, JOHN R. 146 SECÓND STREET NORTH STE 300 ST. PETERSBURG, FL 33701 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD (X) Change () Addition () Delete DORTON, SANDRA L. DORTON, SANDRA L Name: Name: 14171 PAGE AVE Address: 14171 PAGE AVE Address: City-St-Zip: LARGO, FL 33771 City-St-Zip: LARGO, FL 33771 Title: Title: () Change (X) Addition () Delete Name: BASS, ROBIN A Name: Address: Address: 14530 OLIVER ST City-St-Zip: City-St-Zip: LARGO, FL 33774 Title: () Delete Title: **VPD** () Change (X) Addition SKONEY, NANCY Name: Name: Address: Address: 10641 95TH ST NORTH City-St-Zip: City-St-Zip: SEMINOLE, FL 33777 () Change (X) Addition Title: () Delete Title: SD Name: Name: JANSEN, JULI Address: Address: 6321 113TH ST, #607 City-St-Zip: City-St-Zip: SEMINOLE, FL 33772 Title: () Delete Title: () Change (X) Addition LAKING, VAL Name: Name: 1050 STARKEY RD, #2705 Address: Address: City-St-Zip: City-St-Zip: LARGO, FL 33771 Title: () Delete Title: () Change (X) Addition HARTNETT, LINDA Name: Name: Address: Address: 2495 MADRID AVE SAFETY HARBOR, FL 346945 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBIN A BASS PD 01/22/2007