2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# N94000005254

Entity Name: SAVE OUR STRAYS, INC.

Current Principal Place of Business:

14530 OLIVER ST
LARGO, FL 33774

New Principal Place of Business:

Current Mailing Address:

PO BOX 373
INDIAN ROCKS BEACH, FL 33785

New Mailing Address:

FEI Number: 59-3274561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIEFNER, JOHN R.
146 SECOND STREET NORTH
STE 300
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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:

Title: VPD ( ) Delete
Name: DORTON, SANDRA L
Address: PO BOX 373
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: PD ( ) Delete
Name: BASS, ROBIN A
Address: PO BOX 373
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: VPD ( ) Delete
Name: SKONEY, NANCY
Address: PO BOX 373
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: SD ( ) Delete
Name: JANSEN, JULI
Address: PO BOX 373
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: VPD ( ) Delete
Name: LAKING, VAL
Address: PO BOX 373
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: VPD ( ) Delete
Name: HARTNETT, LINDA
Address: PO BOX 373
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: ROBIN BASS PD 04/17/2008
Electronic Signature of Signing Officer or Director — Date