


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90047 026 ****61.25

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|---|--|---|
| DOCUMENT # N96000006059 | |  |
| 1. Entity Name CARE FELINE RESCUE, INC. | | |
| Principal Place of Business 917 LOCUST AVE ORLANDO FL 32809 US | | Mailing Address 917 LOCUST AVE ORLANDO FL 32809 US |
| 2. Principal Place of Business - No P.O. Box # 1421 Silverthorn Dr. | 3. Mailing Address 1421 Silverthorn Dr. | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State Orlando FL. | City & State Orlando FL. | |
| Zip 32825 | Country US | Country US |



1st MOORE CR2E037 (10/06)

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|--|--|--|--|
| 6. Name and Address of Current Registered Agent GRAHAM, CONSTANCE 917 LOCUST AVE ORLANDO FL 32809 | | 7. Name and Address of New Registered Agent Name FREEMAN, LISA Street Address (P.O. Box Number is Not Acceptable) 1421 Silverthorn Dr. City Orlando FL Zip Code 32825 | |
| 4. FEI Number 59-3419640 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

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 Lisa Freeman
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | | |
|--|--|-----------------------------|---|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 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 NAME STREET ADDRESS CITY-ST-ZIP | P GRAHAM, CONSTANCE 917 LOCUST AVE ORLANDO FL 32850 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FREEMAN, LISA 1421 SILVERTHORN DR. ORLANDO FL 32817 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FREEMAN, LISA 1421 SILVERTHORN DR. ORLANDO, FL. 32825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LOGAN, BARBARA J 914 LOCUST AVE ORLANDO FL 32809 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DELL, JEAN 88 N WEST CHRISTMAS RD CHRISTMAS FL 32709 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SHAW, SUZAN 2040 ST GEORGE AVE WINTER PARK FL 32789 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Barbara J. Logan 2/3/07 (407) 862-2250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *