2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000130845

1. Entity Name FIDOS & FELINES, INC.



FILED Apr 11, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

4935 ARECA PALM ST. COCOA, FL 32927 4935 ARECA PALM ST. COCOA, FL 32927



03062007

No Chg-P

CR2E034 (11/05)

4. FEI Number 33-1036495 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TINTERA, JUDITH E 4935 ARECA PALM ST. COCOA, FL 32927

DO NOT WRITE IN THIS SPACE

				•
8. The above the obligat	named entity submits this statement for the prions of registered agent.	urpose of changing its register	ed office or registered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registere	d Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND DIREC	TORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TINTERA, JUDITH E 4935 ARECA PALM ST. COCOA, FL 32927			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TINTERA, CHARLES V 4935 ARECA PALM ST. COCOA, FL 32927			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				H00000701654
TITLE NAME STREET ADDRESS		*		000000701654 04/20/07-80064-019 150.00

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 of the receiver or trustee empowered to execute this report as required by Chapter 607. 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

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07

321-639-7064

Daytime Phone #