

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000105539

Entity Name: THE CRITTER CAVE INC.

FILED
Feb 15, 2008
Secretary of State

Current Principal Place of Business:

4901 PALM BEACH BLVD #33
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

3016 29TH STREET SW
LEHIGH ACRES, FL 33971

New Mailing Address:

3016 29TH STREET SW
LEHIGH ACRES, FL 33976

FEI Number: 26-0184347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALEXANDER, ALLISON C
3016 29TH STREET SW
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

WEEKS, ALLISON C
3016 29TH STREET SW
LEHIGH ACRES, FL 33976 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: ALLISON C WEEKS

02/15/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WEEKS, WILLIAM R
Address: 3016 29TH STREET SW
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VD () Delete
Name: ALEXANDER, ALLISON C
Address: 3016 29TH STREET SW
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WEEKS, WILLIAM R
Address: 3016 29TH STREET SW
City-St-Zip: LEHIGH ACRES, FL 33976

Title: VD (X) Change () Addition
Name: WEEKS, ALLISON C
Address: 3016 29TH STREET SW
City-St-Zip: LEHIGH ACRES, FL 33976

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLISON C WEEKS

VD

02/15/2008

Electronic Signature of Signing Officer or Director

Date