2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

| ANNUAL REPUBLI (AR) | | | | | Mar 06, 2006 08:00 AM | |
|---|--|--|---------------------|-------------------------|---|--|
| DOCUMENT # P96000083571 1. Entity Name | | | | Secretary of State | | |
| CHITTER | CRITTER COTTAGE, INC. | | | | | |
| Principal Place of Business Mailing Address | | | | | | |
| 750 MORNINGSIDE DR ENGLEWOOD FL 34223 US | | 750 MORNINGSIDE DR ENGLEWOOD FL 34223 US | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| Surte, Apt. #, etc. | | Suite, Apt. #, etc. | | | tst MOORE CR2E034 (10/05) | |
| City & State | | City & State | | | 4. FEI Number 65-0732464 Applied For Not Applied For | |
| Zip | Country | Zip | Zip Country | | Certificate of Status Desired | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | |
| \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \ | | | | Name | | |
| YOUNG, SUSAN D 750 MORINGSIDE DRIVE ENGLEWOOD FL 34223 | | | • | Street Address | (P.O Box Number is Not Acceptable) | |
| | | | • | City | □ Zip Code | |
| The above named entity submits this statement for the purpose of changing | | | aa ita raainto | { | FŁ j ' | |
| the obligation | tions of registered agent. | Ior trie barbose or citaligi | ig its register | ed omce cr region | ereo agens, or boots, in the state of Fronda. Tam familiar with, and accep | |
| SIGNATURE Signature Typed or printed name of registered agent and blic if applicable INOTE Registered Agent signature required when resistatival DATE | | | | | | |
| After | ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department | 0 of State | | | 9. Election Campaign Financing \$5.00 May 86 Trust Fund Contribution. Added to Fees | |
| to. | OFFICERS ANI | | 11. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TATLE | D | ☐ Delete | TT TT | e l | ☐ Change ☐ Add *** | |
| NAME STREET AUTORESS | YOUNG, SUSAN D 750 MORNINGSIDE DR | | NAN | 1 | Dogoo stanty | |
| CITY-ST-ZTP | ENGLEWOOD FL 34223 | | • | 223800A 733 | 00000456717 03/16/06-20040-023_150 .0 0 | |
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| NAME | | - Ocisia | MAN | | ☐ Change ☐ Additio | |
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| maicaled | i on ins reboil of supplemental report | is itue and accurate and | DIST DW COME | thure shall have the | ned 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 path, 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | |

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3/1/06 941-475-540)