

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004212

FILED
Apr 30, 2007
Secretary of State

Entity Name: MUTTS & SPOTS PET SANCTUARY, INC.

Current Principal Place of Business:

1888 MCKINLEY STREET
CLEARWATER, FL 33765

New Principal Place of Business:

5127 NW 25TH PLACE
GAINESVILLE, FL 32606

Current Mailing Address:

1888 MCKINLEY STREET
CLEARWATER, FL 33765

New Mailing Address:

5127 NW 25TH PLACE
GAINESVILLE, FL 32606

FEI Number: 20-1090062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LITTLER, MARIA
1888 MCKINLEY STREET
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

LITTLER, MARIA
5127 NW 25TH PLACE
GAINESVILLE, FL 32606 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:

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LITTLER, JAMES
Address: 1888 MCKINLEY STREET
City-St-Zip: CLEARWATER, FL 33765

Title: DP () Delete
Name: LITTLER, MARIA
Address: 1888 MCKINLEY STREET
City-St-Zip: CLEARWATER, FL 33765

Title: VP () Delete
Name: CHIN, TREVOR M
Address: 1888 MCKINLEY STREET
City-St-Zip: CLEARWATER, FL 33765

Title: D () Delete
Name: HINES, DIANA M
Address: 1888 MCKINLEY STREET
City-St-Zip: CLEARWATER, FL 33765

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LITTLER, JAMES D
Address: P.O.BOX. 357985
City-St-Zip: GAINESVILLE, FL 32635

Title: DP (X) Change () Addition
Name: LITTLER, MARIA DP
Address: 5127 NW 25TH PLACE
City-St-Zip: GAINESVILLE, FL 32606

Title: T (X) Change () Addition
Name: CHIN, TREVOR M TRUSTEE
Address: 9808 SIR FREDERICK ST
City-St-Zip: TAMPA, FL 33637

Title: T (X) Change () Addition
Name: HINES, DIANA TRUSTEE
Address: P.O.BOX. 753
City-St-Zip: POMPANO BEACH, FL 33061

Title: T () Change (X) Addition
Name: DANE, PATRICIA TRUSTEE
Address: P.O.BOX. 640108
City-St-Zip: N.MIAMI BEACH, FL 33164

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: MARIA LITTLER

DP

04/30/2007

Electronic Signature of Signing Officer or Director

Date