2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N08000002680

Entity Name: VETS4VETS INC

Current Principal Place of Business:

620 QUEEN ROAD
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

620 QUEEN ROAD
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 26-2113033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ISAM, MICHAEL
620 QUEEN ROAD
ST. AUGUSTINE, FL 3286 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ADZIMA, STEVE
Address: 4 NELMAR AVE.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: SD ( ) Delete
Name: ISAM, MICHAEL
Address: 620 QUEEN ROAD
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VPD ( ) Delete
Name: JAMES, WALTER
Address: 1748 WINDOVER PLACE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: TD ( ) Delete
Name: MCCREA, GEORGE
Address: 271 HERMOSA CT.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VPD ( ) Delete
Name: CONNER, SEPTIMUS
Address: 205 SARANAC LANE
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: ISAM, MICHAEL T
Address: 620 QUEEN ROAD
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: MOSHER, WALTER
Address: 462 CASUARINA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086

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: MICHAEL T. ISAM SD 01/22/2009
Electronic Signature of Signing Officer or Director — Date