

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28933

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: PET PAL RESCUE, INC.

## Current Principal Place of Business:

405-22 STREET SOUTH  
ST.PETERSBURG, FL 33712

## New Principal Place of Business:

405 22ND STREET SOUTH  
ST. PETERSBURG, FL 33712

## Current Mailing Address:

405-22 STREET SOUTH  
ST.PETERSBURG, FL 33712

## New Mailing Address:

405 22ND STREET SOUTH  
ST. PETERSBURG, FL 33712

FEI Number: 59-2967819

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FORLIZZO, ROBERT A  
2903 RIGSBY LANE  
SAFETY HARBOR, FL 34695 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: MCCRAW, JENNIFER R  
Address: 742 91ST AVENUE NORTH  
City-St-Zip: ST.PETERSBURG, FL 33702

Title: D ( ) Delete  
Name: RAWLINS, SANDRA  
Address: 1002 GATOR LANE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VPST ( ) Delete  
Name: NELSON, STACEY  
Address: 1619 60TH PLACE EAST  
City-St-Zip: PALMETTO, FL 34221

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MCCRAW, JENNIFER R  
Address: 742 91ST AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33702

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JENNIFER R. MCCRAW

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date