2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2010
Secretary of State

DOCUMENT# P05000088555

Entity Name: TIMBERLANE PET HOSPITAL & RESORT, INC.

Current Principal Place of Business:

1704 WALDEN VILLAGE CT.
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

1704 WALDEN VILLAGE CT.
PLANT CITY, FL 33566

New Mailing Address:

FEI Number: 20-3087516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POULIN, CHRISTINA L DVM
1704 WALDEN VILLAGE CT.
PLANT CITY, FL 33566 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR
Name: POULIN, CHRISTINA
Address: 4719 CITRUS HAVEN PLACE
City-St-Zip: PLANT CITY, FL 33567

Title: MR
Name: POULIN, CHRISTOPHER
Address: 4719 CITRUS HAVEN PLACE
City-St-Zip: PLANT CITY, FL 33567

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINA POULIN DR. 01/14/2010

Electronic Signature of Signing Officer or Director Date