## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000004212

P.O.BOX. 640108

N.MIAMI BEACH, FL 33164

Address:

City-St-Zip:

FILED Apr 20, 2009 Secretary of State

Entity Name: MUTTS & SPOTS PET SANCTUARY, INC. **Current Principal Place of Business: New Principal Place of Business:** 5127 NW 25TH PLACE 1888 MCKINLEY ST GAINESVILLE, FL 32606 CLEARWATER, FL 33765 **Current Mailing Address: New Mailing Address:** 5127 NW 25TH PLACE 1888 MCKINLEY ST GAINESVILLE, FL 32606 CLEARWATER, FL 33765 FEI Number: 20-1090062 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: LITTLER, MARIA LITTLER, MARIA 5127 NW 25TH PLACE 1888 MCKINLEY ST GAINESVILLE, FL 32606 US CLEARWATER, FL 33765 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: 04/20/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete LITTLER, MARIA DP LITTLER, MARIA DP Name: Name: 5127 NW 25TH PLACE Address: 1888 MCKINLEY ST Address: City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: CLEARWATER, FL 33765 Title: () Delete Title: (X) Change ( ) Addition LITTLER, JAMES D Name: LITTLER, JAMES D Name: Address: 5127 NW 25TH PLACE Address: 1888 MCKINLEY ST City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: CLEARWATER, FL 33765 Title: () Delete Title: () Change () Addition CHIN, TREVOR M TRUSTEE Name: Name: 9808 SIR FREDERICK ST Address: Address: City-St-Zip: TAMPA, FL 33637 City-St-Zip: ( ) Delete Title: Title: () Change () Addition HINES, DIANA TRUSTEE Name: Name: Address: P.O.BOX. 753 Address: City-St-Zip: POMPANO BEACH, FL 33061 City-St-Zip: Title: ( ) Delete Title: () Change () Addition DANE, PATRICIA TRUSTEE Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MARIA LITTLER D 04/20/2009