## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 260534** 

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIAMI, FL 33139

MEYER, TERRÍ

TAMPA, FL 33619

1206-D US HWY 301 N

(X) Delete

FILED Feb 07, 2007 Secretary of State

Entity Nar	me: PET FOOI	D LTD., INC.					
Current Principal Place of Business:				New Principal Place of Business:			
1206-D US SUITE 1	6 HWY 301 N						
TAMPA, F	L 33619 US						
Current Mailing Address:				New Mailing Address:			
	CONUT LANE ACH, FL 33139	US					
FEI Number:	: 59-0993821	FEI Number Applied For (	) FEI Nur	nber Not Appl	icable ( )	Certificate of Stat	us Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
LEVINE, B 266 S. CO MIAMI, FL	CONUT LANE						
	named entity su e of Florida.	ubmits this statement fo	r the purpose o	of changing i	ts registered	office or registere	d agent, or both,
SIGNATUR	RE:						
	Electronic	c Signature of Registere	ed Agent			Date	
Election Car	npaign Financing	Trust Fund Contribution (	).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CEO () I LEVINE, B. M., 266 S. COCONU MIAMI, FL 3313			Title: Name: Address: City-St-Zip:	CEOP LEVINE, B. M 266 S. COCC MIAMI, FL 33	NUT LANE	n
Title: Name: Address: City-St-Zip:	LEVINE, MARY, 266 S. COCONU MIAMI, FL 3313	9		Title: Name: Address: City-St-Zip:	LEVINE, MAF 266 S. COCC MIAMI, FL 33	DNÚT LANE 3139	
Title: Name:	S () Delete LEVINE, MARY 266 S. COCONIT LANE			Title: Name:	VP (X) Change ( ) Addition LEVINE, MARY 266 S. COCONIT LANE		111

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIAMI, FL 33139

() Change () Addition

SIGNATURE: MARY H LEVINE SVP 02/07/2007