2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2008 08:00 AM **DOCUMENT #377577** Secretary of State 1. Entity Name VETMUR, INC. Principal Place of Business Mailing Address 38 NORTHEAST 1ST AVENUE 38 NORTHEAST 1ST AVENUE DANIA, FL 33004 **DANIA, FL 33004** No Chg-P CR2E034 (11/05) 01152008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1321043 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE STANTON, WALTER 38 NE 1ST AVE **DANIA, FL 33004** IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE STANTON, WALTER NAME 38 NORTHEAST 1ST AVENUE STREET ADDRESS CITY-ST-ZIP **DANIA, FL 33004** VΡ TITLE VETTORI, EDNA -80002-003 150.00 38 NORTHEAST 1ST AVENUE STREET ADDRESS CITY - ST - ZIP **DANIA, FL 33004** ST TITLE MEKLAS, DEBRA J NAME STREET ADDRESS 38 NORTHEAST 1ST AVENUE DO NOT WRITE CITY - ST- ZIP **DANIA, FL 33004** TIT) F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

111/08

617-599-3905