2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2009
Secretary of State

DOCUMENT# 487781

Entity Name: FOSTERS' EXOTIC PET CENTERS, INC.

Current Principal Place of Business:

40958 US 19
TARPON SPRINGS, FL 346895446

New Principal Place of Business:

Current Mailing Address:

40958 US 19
TARPON SPRINGS, FL 346895446

New Mailing Address:

FEI Number: 59-1626105 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSTER, GARY
6453 PARKSIDE DR
NEW PORT RICHEY, FL 34653 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: FOSTER, GARY
Address: 6453 PARKSIDE DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: P ( ) Delete
Name: FOSTER, BRUCE
Address: 9046 JASMINE BLVD
City-St-Zip: NEW PORT RICHEY, FL

Title: S ( ) Delete
Name: FOSTER, GARY JR.
Address: 4304 COUNTY BREEZE DR
City-St-Zip: NEW PORT RICHEY, FL

Title: T ( ) Delete
Name: FOSTER, KEITH
Address: 7110 CYPRESS KNOLL
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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.

SIGNATURE: GARY FOSTER VP 05/21/2009

Electronic Signature of Signing Officer or Director Date