

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 501890

FILED
Jan 25, 2009
Secretary of State

Entity Name: VETERINARY RESOURCES AMERICAS, INC.

Current Principal Place of Business:

957 ROYAL PALM BLVD.
PO BOX 2200
VERO BCH, FL 329619200

New Principal Place of Business:

957 ROYAL PALM BLVD.
VERO BEACH, FL 32961 US

Current Mailing Address:

957 ROYAL PALM BLVD.
PO BOX 2200
VERO BCH, FL 329619200

New Mailing Address:

P.O. BOX 2200
VERO BEACH, FL 32961 US

FEI Number: 59-1661848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, M L
957 ROYAL PALM BLVD.
VERO BCH, FL 32963 US

Name and Address of New Registered Agent:

SIMMONS, MAURICE L PRES
957 ROYAL PALM BLVD.
VERO BEACH, FL 32960 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: MAURICE L. SIMMONS

01/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SIMMONS, M. L.,
Address: 957 ROYAL PALM BLVD.
City-St-Zip: VERO BEACH, FL

Title: SVD () Delete
Name: MINER, STUART A.,
Address: 957 ROYAL PALM BLVD.
City-St-Zip: VERO BEACH, FL

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: SIMMONS, MAURICE L PRES
Address: P.O. BOX 2200
City-St-Zip: VERO BEACH, FL 32961 US

Title: SVD (X) Change () Addition
Name: MINER, STUART A VP
Address: P.O. BOX 2200
City-St-Zip: VERO BEACH, FL 32961 US

Title: D () Change (X) Addition
Name: SIMMONS, MARK A
Address: 10400 DANA COURT
City-St-Zip: SPOTSYLVANIA, VA 22553 US

Title: D () Change (X) Addition
Name: SIMMONS, JOANNE
Address: 10400 DANA COURT
City-St-Zip: SPOTSYLVANIA, VA 22553 US

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: STUART A. MINER

VP

01/25/2009

Electronic Signature of Signing Officer or Director

Date