2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008
Secretary of State

DOCUMENT# 548544

Entity Name: AIR ANIMAL, INC.

Current Principal Place of Business:

4120 W. CYPRESS ST.
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4120 W. CYPRESS ST.
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-1775911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOLF, WALTER M.
4120 W. CYPRESS ST.
TAMPA, FL 33607 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PST	( ) Delete
Name:	WOOLF, WALTER M	
Address:	577 W. DAVIS BLVD	
City-St-Zip:	TAMPA, FL 33606	
Title:	D	( ) Delete
Name:	WOOLF, ERIC F	
Address:	4870 TREMONT DR.	
City-St-Zip:	MARIETTA, GA 30066	
Title:	D	( ) Delete
Name:	WOOLF, JACOB A	
Address:	4870 TREMONT DR.	
City-St-Zip:	MARIETTA, GA 30066	
Title:	D	( ) Delete
Name:	WOOLF, SAMANTHA N	
Address:	4870 TREMONT DR.	
City-St-Zip:	MARIETTA, GA 30066	
Title:	D	( ) Delete
Name:	WOOLF PARKER, ANDREA	
Address:	2323 GREENVIEW COVE ROAD	
City-St-Zip:	WELLINGTON, FL 33414	

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:		
Title:	D	(X) Change ( ) Addition
Name:	WOOLF PARKER, ANDREA	
Address:	2323 GREENVIEW COVE DRIVE	
City-St-Zip:	WELLINGTON, FL 33414	

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: ANDREA WOOLF PARKER D 02/11/2008

Electronic Signature of Signing Officer or Director — Date