

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# F97000005338

Entity Name: MIGHTY MUTTS, INC.

Current Principal Place of Business:

PO BOX 140139
BROOKLYN, NY 112140139 US

New Principal Place of Business:

203 E. 26TH STREET
NEW YORK, NY 10010 US

Current Mailing Address:

PO BOX 140139
BROOKLYN, NY 112140139

New Mailing Address:

FEI Number: 11-3260202 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALTER, KAREN
201 DEER PARK AVE
TEMPLE TERRACE, FL 33617 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAMM, PHYLLIS
Address: 302 DEER PARK AVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D () Delete
Name: D'AVERSA, JOSEPH D
Address: 23 MERYL LANE
City-St-Zip: CHERRY HILL, NJ 08002

Title: D (X) Delete
Name: MIELE, ANTHONY D.V.M.
Address: 7624 NEW UTRECHT AVE
City-St-Zip: BROOKLYN, NY 11214

Title: P () Delete
Name: CLAYTON, GEORGE
Address: 22 KAMAR COURT
City-St-Zip: MIDDLETOWN, NJ 07748

Title: T () Delete
Name: CONTINO, JOHN T
Address: 40 SHANAHAN LANE
City-St-Zip: BORDENTOWN, NJ 08505

Title: VP () Delete
Name: WALTER, KAREN
Address: 201 DEER PARK AVE.
City-St-Zip: TEMPLE TERRACE, FL 33617 US

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
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Title: () Change () Addition
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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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN WALTER

VP

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date