2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2008
Secretary of State

DOCUMENT# J49879

Entity Name: MOSES KENNELS, INC.

Current Principal Place of Business:

% DAVID L. MOSES
1300 SE 55TH AVE
OCALA, FL 34471 US

New Principal Place of Business:

% DAVID L. MOSES
1300 SE 55TH AVE
OCALA, FL 34480 US

Current Mailing Address:

% DAVID L. MOSES
1300 SE 55TH AVE
OCALA, FL 34471 US

New Mailing Address:

% DAVID L. MOSES
1300 SE 55TH AVE
OCALA, FL 34480 US

FEI Number: 59-2854719 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSES, DAVID L.
1300 SE 55TH AVE.
OCALA, FL 34471 US

Name and Address of New Registered Agent:

MOSES, DAVID L.
1300 SE 55TH AVE.
OCALA, FL 34480 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: 02/16/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MOSES, DAVID L.,
Address: 1300 SE 55TH AVE
City-St-Zip: OCALA, FL 34471

Title: SD ( ) Delete
Name: MOSES, REBECCA D.,
Address: 1300 SE 55TH AVE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MOSES, DAVID L.,
Address: 1300 SE 55TH AVE
City-St-Zip: OCALA, FL 34480

Title: SD (X) Change ( ) Addition
Name: MOSES, REBECCA D.,
Address: 1300 SE 55TH AVE
City-St-Zip: OCALA, FL 34480

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: DAVID L. MOSES DVM PD 02/16/2008
Electronic Signature of Signing Officer or Director — Date