2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007
Secretary of State

DOCUMENT# L02000016927

Entity Name: GENERAL PET SUPPLY, LLC

Current Principal Place of Business:

20950 HUFFMASTER RD
NORTH FORT MYERS, FL 33917

New Principal Place of Business:

1610 LEGION DRIVE
ELM GROVE, WI 53122

Current Mailing Address:

20950 HUFFMASTER RD
NORTH FORT MYERS, FL 33917

New Mailing Address:

1610 LEGION DRIVE
ELM GROVE, WI 53122

FEI Number: 03-0472817 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FINK, JOHN E
Address: 20950 HUFFMASTER RD
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: MGR ( ) Delete
Name: FINK, HEATHER L
Address: 20950 HUFFMASTER RD
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FINK, JOHN E
Address: 1610 LEGION DRIVE
City-St-Zip: ELM GROVE, WI 53122

Title: MGR (X) Change ( ) Addition
Name: FINK, HEATHER L
Address: 1610 LEGION DRIVE
City-St-Zip: ELM GROVE, WI 53122

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN FINK MGR 01/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date