2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 11, 2007 8:00 am Secretary of State DOCUMENT #L06000006823 04-11-2007 90152 033 ****50.00 PETVILLE KENNEL, LLC Principal Place of Business Mailing Address 11405 BROADWAY AVENUE E 11405 BROADWAY AVENUE E 60034768 SEFFNER, FL 33584 US SEFFNER, FL 33584 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 76-0820602 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GAINSBURG, THERESA L 4732 DUNNIE DR. Street Address (P.O. Box Number is Not Acceptable) **TAMPA, FL 33614** City Zip Code 8. 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE Delete TITLE Change Addition NAME GAINSBURG, MICHAEL A NAME 11405 BROADWAY AVENUE E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEFFNER, FL 33584 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Thange ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. MICHTER GAINGBONG

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