2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State
03-19-2007 90074 044 ***150.00

DOCUMENT # L47717

1. Entity Name
APPLAUSE FOR HEALTHY PETS, INC.

Principal Place of Business	Mailing Address
% ANDREA L BROWN 3438 E LAKE RD SUITE 14 PALM HARBOR, FL 34685	% ANDREA L BROWN 3438 E LAKE RD SUITE 14 PALM HARBOR, FL 34685

01102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
35246 U.S. Highway 19 N.	35246 U.S. Highway 19 N
Suite, Apt. #, etc.: #321	Suite, Apt. #, etc.: #321
City & State: Palm Harbor	City & State: Palm Harbor, FL
Zip: 34684 Country: USA	Zip: 34684 Country: USA

4. FEI Number: 59-2993183 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN, ANDREA L. 3438 E LAKE RD SUITE 14 PALM HARBOR, FL 34685	Name: Andrea Brown Street Address (P.O. Box Number is Not Acceptable): 35246 U.S. Highway 19 N. #321 City: Palm Harbor FL Zip Code: 34684

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 the obligations of registered agent.

SIGNATURE: [signature] 3-12-7
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, ANDREA L 2875 PINE HILL RD. PALM HARBOR, FL 34683	☐ Delete	Brown, Andrea 35246 US Highway 19 N Palm Harbor, FL 34684	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTS BROWN, ANDREA L 2875 PINE HILL RD. PALM HARBOR, FL 34683	☐ Delete	Brown, Andrea 35246 U.S. Highway 19 N Palm Harbor, FL 34684	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3-12-7 727-641-7858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #