2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # N00000001879** 03-29-2006 90140 026 ****61.25 PET SOCIETY, INC. Principal Place of Business Mailing Address 2922 UNITY TREE DR. 2922 UNITY TREE DR. 50007025 EDGEWATER, FL 32141 EDGEWATER, FL 32141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03182006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number Applied For 59-3637016 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WAGNER, DONNA M 2922 UNITY TREE DR. Street Address (P.O. Box Number is Not Acceptable) EDGEWATER, FL 32141 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 the obligations of registered agent. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to Due by May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. President TITLE ☐ Deleta TITLE Change . Addition NAME WAGNER, DONNA M NAME 2922 UNITY TREE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EDGEWATER, FL 32141 CITY-ST-ZIP Delete TITLE IIII F ☐ Change ■ Addition MASON, KAREN NAME NAME STREET ADDRESS 1847 COCO PALM DR. STREET ADDRESS CITY-ST-ZIP EDGEWATER, FL 32141 CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change ☐ Addition LICTHER, JUITH R NAME NAME STREET ADDRESS 826 NAVIGATOR WAY STREET ADDRESS CITY-ST-ZIP EDGEWATER, FL 32141 CITY-ST-ZIP TITLE Secretary ☐ Delete TITLE Change Addition THOMPSON, SUZANNE NAME NAME STREET ADDRESS 690 GLEN CIR. STREET ADDRESS NEW SMYRNA BEACH, FL 32168 CITY-ST-ZIP CITY-ST-7IP TITLE Delete IIILE ☐ Change ☐ Addition SANDLIN, PAULA NAME NAME STREET ADDRESS 2702 TURNBULL ESTATES DR STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168 CITY-ST-ZIP TITLE ☐ Delete TITLE Tresurer ☐ Change ☐ Addition CANADY, GILLIAN NAME NAME 321 SEA HAWK CT STREET ADDRESS STREET ADDRESS EDGEWATER, FL 32141 CITY-ST-ZIP

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 617, 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.

D HAME OF BIOMING OFFICER OR DIRECTOR

SIGNATURE: .

FILED

Mar 29, 2006 8:00 am