

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 18, 2011
Secretary of State

DOCUMENT# N00000004988

Entity Name: VETS-PETS & KIDS CRISIS CENTERS OF FLORIDA INC.**Current Principal Place of Business:**5910 YUCATAN DR
ORLANDO, FL 32807 US**New Principal Place of Business:**2200 FORSYTH RD
UNIT B
ORLANDO, FL 32807 US**Current Mailing Address:**5910 YUCATAN DR
ORLANDO, FL 32807 US**New Mailing Address:**2200 FORSYTH RD
UNIT B
ORLANDO, FL 32807 US**FEI Number:** 59-3663204**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MARCHETTI, MARC
5910 YUCATAN DRIVE
ORLANDO, FL 32807 US**Name and Address of New Registered Agent:**MARCHETTI, MARC
2200 FOSRYTH RD
UNIT B
ORLANDO, FL 32807 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:

12/18/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: PD
Name: MARCHETTI, MARC
Address: 2200 FORSYTH RD
City-St-Zip: ORLANDO, FL 32807 US

Title: VD
Name: RABY, JEFFERY
Address: 226 NOB HILL CIRCLE
City-St-Zip: LONGWOOD, FL 32779 US

Title: TD
Name: MARCHETTI, MARC D
Address: 2200 FORSYTH RD
City-St-Zip: ORLANDO, FL 32807 US

Title: SAA
Name: RABY, JEFFERY
Address: 226 NOB HILL CIRCLE
City-St-Zip: LONGWOOD, FL 32779 US

Title: SD
Name: CUMMINGS, CARROLL
Address: 8228 SPRING BREEZE
City-St-Zip: ORLANDO, FL 32829 US

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARC MARCHETTI

PD

12/18/2011

Electronic Signature of Signing Officer or Director_____
Date