2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005764

FILED Feb 29, 2008 Secretary of State

Entity Name: LABRADOR RETRIEVER RESCUE OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 11006 KEWANEE DR TEMPLE TERRACE, FL 33617 **Current Mailing Address: New Mailing Address:** C/O HOROWITZ & KNOCH CPAS, PA 481 E HILLSBORO BLVD, #100A DEERFIELD BEACH, FL 33441 FEI Number: 59-3666954 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GORNTO, HARRY 46 ROCKLEDGE AVE. ROCKLEDGE, FL 32955 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition STINE, CHERYL Name: Name: 7111 COVE PLACE Address: Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip: Title: Title: () Delete () Change () Addition WOOLLEY, SUSAN Name: Name: Address: 11006 KEWANEE DR Address: City-St-Zip: TEMPLE TERRACE, FL 33617 City-St-Zip: Title: VPD () Delete Title: VPD (X) Change () Addition AMUNDRUD, LISE KNIGHT, LISA Name: Name: 5751 SADDLE OAK TRAIL Address: 5547 RIVERTON RD Address: City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: SARASOTA, FL 34241 Title: () Delete Title: D (X) Change () Addition Name: BUCHANAN, CINDY Name: DROWN, VICKY 1332 MONTO LANE Address: Address: 3414 QUAIL DR City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: DELTONA, FL 32738 Title: () Delete Title: () Change () Addition BERNERT, KIM Name: Name: 620 SE 6 AVE Address: Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: Title: () Delete Title: (X) Change () Addition HIGGS, SANDI HIGGS, SANDY Name: Name: Address: 143 DEEP WOODS WAY Address: 143 DEEP WOODS WAY ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KIM BERNERT D 02/29/2008