2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# N00900

Entity Name: FRIENDS OF PETS, INC.

Current Principal Place of Business:

608 PORTSIDE LANE
EDGEWATER, FL 32141

New Principal Place of Business:

Current Mailing Address:

608 PORTSIDE LANE
EDGEWATER, FL 32141

New Mailing Address:

FEI Number: 59-2438282 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACDONALD, KAREN
608 PORTSIDE LANE
EDGEWATER, FL 32141 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: MOODY, PAT
Address: 337 SCHOONER
City-St-Zip: EDGEWATER, FL 32141

Title: VP ( ) Delete
Name: ROCHE, VIRGINIA H
Address: 1422 S RIVERSIDE DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: RS ( ) Delete
Name: MANDELL, MARY
Address: 542 OLIVER DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: TD ( ) Delete
Name: MACDONALD, KAREN
Address: 608 PORTSIDE LANE
City-St-Zip: EDGEWATER, FL 32141

Title: PC ( ) Delete
Name: HUFF, PAT
Address: 88 CUNNINGHAM DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KAREN MACDONALD T 01/16/2007

Electronic Signature of Signing Officer or Director — Date