


2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000004995 1. Entity Name PET NETWORK, INC.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN -9 PM 4: 27

Principal Place of Business 15450 S.E. 60TH ST MORRISTON, FL 32668	Mailing Address 15450 S.E. 60TH ST MORRISTON, FL 32668
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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05262009 Chg-NP CR2E037 (11/08)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-3746153	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent TAAFFE, MARY 15450 SE 60TH ST MORRISTON, FL 32668	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2009	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD TAAFFE, MARY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300156953463
NAME	15450 S.E. 60TH ST	NAME	06/09/09--01040--014 **70.00
STREET ADDRESS	MORRISTON, FL 32668	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKINSON, GERTRUDE C	NAME	
STREET ADDRESS	7963 CR 247	STREET ADDRESS	
CITY-ST-ZIP	LAKE PANASOFFEE, FL 33538	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODROW, GILLILAND	NAME	
STREET ADDRESS	6073 SE 19TH CT	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34480	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRMANN, INGRID	NAME	
STREET ADDRESS	18690 SE 23RD PLACE	STREET ADDRESS	
CITY-ST-ZIP	MORRISTON, FL 32668	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

B 6/12/09

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.

SIGNATURE: *Gertrude C. Dickinson* Gertrude C. Dickinson 5/23/09 748-1988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #