

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005974

FILED
Apr 25, 2005
Secretary of State

Entity Name: A NEW BEGINNING PET CARE AND RESCUE, INC.

Current Principal Place of Business:

4613 TINSLEY DR.
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

4613 TINSLEY DR.
ORLANDO, FL 32839

New Mailing Address:

FEI Number: 59-3749154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUM, ABBY
4613 TINSLEY DR.
ORLANDO, FL 32839 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: D () Delete
Name: BLUM, ABBY
Address: 4613 TINSLEY DR.
City-St-Zip: ORLANDO, FL 32839

Title: D () Delete
Name: FRAZIER, JOAN
Address: 4613 TINSLEY DR.
City-St-Zip: ORLANDO, FL 32839

Title: D () Delete
Name: BRUNO, DEBORAH
Address: 1718 NESTLEWOOD TRAIL
City-St-Zip: ORLANDO, FL 32837

Title: D () Delete
Name: GARRETT, MARILYN
Address: 4613 TINSLEY DR.
City-St-Zip: ORLANDO, FL 32839

Title: D () Delete
Name: WRIGHT, BRANNON
Address: 4613 TINSLEY DR.
City-St-Zip: ORLANDO, FL 32839

Title: D () Delete
Name: FRIERE, MELANIE
Address: 4613 TINSLEY DR.
City-St-Zip: ORLANDO, FL 32839

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:

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 Section 119.07(3)(i), 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: ABBY BLUM

D

04/25/2005

Electronic Signature of Signing Officer or Director

Date