

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006383

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: PETS AT RISK RESCUE, INC.

## Current Principal Place of Business:

972 N.E. 151 STREET  
NORTH MIAMI BEACH, FL 33162

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 640108  
NORTH MIAMI BEACH, FL 33164

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DANE, PATRICIA L  
972 N. E. 151 STREET  
NORTH MIAMI BEACH, FL 33162 US

## Name and Address of New Registered Agent:

DALMATIAN RESCUE, INC.  
972 N. E. 151 STREET  
NORTH MIAMI BEACH, FL 33162 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: PATRICIA DANE

04/27/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: DANE, PATRICIA  
Address: 972 NE 151 ST  
City-St-Zip: MIAMI, FL 33162

Title: VPD ( ) Delete  
Name: DANE, MARK  
Address: 972 NE 151 ST  
City-St-Zip: MIAMI, FL 33162

Title: SD ( ) Delete  
Name: LITTLER, MARIA  
Address: PO BOX 6083  
City-St-Zip: CLEARWATER, FL 33758

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition  
Name: LITTLER, MARIA MS.  
Address: PO BOX 6083  
City-St-Zip: CLEARWATER, FL 33758

Title: TD ( ) Change (X) Addition  
Name: MOLLER, IRM MS.  
Address: 697 N.E. 72ND ST.  
City-St-Zip: MIAMI, FL 33138

Title: T ( ) Change (X) Addition  
Name: SMITH, PHILLIP J MR.  
Address: 14995 N.E. 9TH AVE.  
City-St-Zip: MIAMI, FL 33161

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: PATRICIA DANE

PTD

04/27/2007

Electronic Signature of Signing Officer or Director

Date