

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 20, 2009  
Secretary of State**

DOCUMENT# N02000000664

Entity Name: HEIDI'S LEGACY: DOG RESCUE, INC.

**Current Principal Place of Business:**

3102 NICHOLS ROAD  
LITHIA, FL 33547

**New Principal Place of Business:**

**Current Mailing Address:**

3102 NICHOLS ROAD  
LITHIA, FL 33547

**New Mailing Address:**

FEI Number: 01-0603754      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOFFMAN, L.  
3102 NICHOLS ROAD  
LITHIA, FL 33547      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: DPST      ( ) Delete  
Name: HOFFMAN, L.  
Address: 3102 NICHOLS ROAD  
City-St-Zip: LITHIA, FL 33547

Title: DVP      ( ) Delete  
Name: SCOTT, A.B.  
Address: 416 SUMMER SAILS DRIVE  
City-St-Zip: VALRICO, FL 33594

Title: DVP      ( ) Delete  
Name: HOFFMAN, A.G.  
Address: 3102 NICHOLS RD.  
City-St-Zip: LITHIA, FL 33547

**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:

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: L. HOFFMN

DPST

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date