2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# N02000002363

Entity Name: PALM BEACH PET RESCUE, INC.

Current Principal Place of Business:

420 US HWY 1 STE 15 PMB-G
N PALM BEACH, FL 33408

New Principal Place of Business:

330 U.S. HIGHWAY 1
SUITE 3
LAKE PARK, FL 33403

Current Mailing Address:

420 US HWY 1 STE 15 PMB-G
N PALM BEACH, FL 33408

New Mailing Address:

330 U.S. HIGHWAY 1
SUITE 3
LAKE PARK, FL 33403

FEI Number: 01-0651344 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INTERLANDI, LISA B
224 DATURA STREET STE 201
WEST PALM BEACH, FL 33401

Name and Address of New Registered Agent:

INTERLANDI, LISA B
330 U.S. HIGHWAY 1
SUITE 3
LAKE PARK, FL 33403

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: LISA INTERLANDI 04/20/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BACON, MARIAN
Address: 712 LAKESIDE CIRCLE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D ( ) Delete
Name: INTERLANDI, LISA
Address: 547 MARLIN RD.
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D ( ) Delete
Name: SMYKAY, PAM
Address: 409 HARBOUR RD.
City-St-Zip: NORTH PALM BEACH, FL 33408

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 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: LISA INTERLANDI D 04/20/2004
Electronic Signature of Signing Officer or Director Date