

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002363

FILED
May 20, 2008
Secretary of State

Entity Name: PALM BEACH PET RESCUE, INC.

Current Principal Place of Business:

818 U.S. HIGHWAY 1
SUITE 8
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

712 LAKESIDE CIRCLE
NORTH PALM BEACH, FL 33408

Current Mailing Address:

818 U.S. HIGHWAY 1
SUITE 8
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 01-0651344 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

INTERLANDI, LISA B
818 U.S. HIGHWAY 1
SUITE 8
NORTH PALM BEACH, FL 33408 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: _____

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: 818 U.S. HIGHWAY 1, SUITE 8
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: D (X) Change () Addition
Name: GREENBERG, MARILYN
Address: 13212 VERDUN DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: LISA B. INTERLANDI

D

05/20/2008

Electronic Signature of Signing Officer or Director

Date