

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002363

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: PALM BEACH PET RESCUE, INC.

**Current Principal Place of Business:**

712 LAKESIDE CIRCLE  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

712 LAKESIDE CIRCLE  
NORTH PALM BEACH, FL 33408

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

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

INTERLANDI, LISA B  
547 MARLIN ROAD  
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: LISA B. INTERLANDI

03/20/2009

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: GREENBERG, MARILYN  
Address: 13212 VERDUN DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**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: LISA B. INTERLANDI

D

03/20/2009

Electronic Signature of Signing Officer or Director

Date