2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008726

FILED Jan 18, 2007 Secretary of State

Entity Name: PURRFECT PAWS HUMANE SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business:

3600 MYSTIC POINTE DRIVE

#715

AVENTURA, FL 33180 US

Current Mailing Address: New Mailing Address:

3600 MYSTIC POINTE DRIVE #715

AVENTURA, FL 33180 US

FEI Number: 55-0806552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DEATHERAGE, DESIREE 3600 MYSTIC POINTE DRIVE #715 AVENTURA, FL 33180 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:

City-St-Zip:

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City-St-Zip:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

AVENTURA, FL 33180

Title:DVPS () DeleteTitle:DVPS (X) Change () AdditionName:KASCZINSKI, JEANName:MARYLIN, DEATHERAGEAddress:1666 N.E. 180TH STREETAddress:3600 MYSTIC POINTE #715City-St-Zip:N. MIAMI BEACH, FL 33162 USCity-St-Zip:AVENTURA, FL 33180 US

Title: D () Delete Title: D (X) Change () Addition Name: LINDEN, SUZANNE Name: DEATHERAGE, DANIEL Address: 9460 NW 39TH COURT Address: 3600 MYSTIC POINTE #715

Title: DPT () Delete Title: () Change () Addition

 Name:
 DEATHERAGE, DESIREE
 Name:

 Address:
 3600 MYSTIC POINTE DRIVE #715
 Address:

 City-St-Zip:
 AVENTURA, FL 33180
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DESIREE DEATHERAGE P 01/18/2007