2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2009
Secretary of State

DOCUMENT# N03000005485

Entity Name: THE RESCUE RANCH, INC.

Current Principal Place of Business:

ROUTE 2 BOX 910A
MCRAE, GA 31055

New Principal Place of Business:

ROUTE 2 BOX 910A/BLANKENSHIP RD.
MCRAE, GA 31055

Current Mailing Address:

P.O.BOX 527
MCRAE, GA 31055

New Mailing Address:

FEI Number: 42-1598987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, GREGORY R
712 U.S. HIGHWAY ONE
STE 400
NORTH PALM BEACH, FL 33408 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: D/P ( ) Delete
Name: BRUIGOM, BARBARA
Address: P.O.BOX 527/ROUTE 2 BOX 910A
City-St-Zip: MCRAE, GA 31055

Title: D ( ) Delete
Name: VANNOORDEN, KATE
Address: 17576 BRIDLE CT.
City-St-Zip: JUPITER, FL 33478

Title: D ( ) Delete
Name: BECK, LAURIE
Address: 15138 - 96TH STREET NO.
City-St-Zip: JUPITER, FL 33478

Title: D ( ) Delete
Name: BECK, LAWRENCE
Address: 15138 - 96TH STREET NO.
City-St-Zip: JUPITER, FL 33478

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:

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: BARBARA BRUIGOM PRES 01/18/2009
Electronic Signature of Signing Officer or Director — Date