

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009604

FILED
Apr 30, 2008
Secretary of State

Entity Name: TALK TO YOUR ANIMAL FOUNDATION, INC.

Current Principal Place of Business:

3202 COLWELL AVENUE
STE 2103
TAMPA, FL 33614

New Principal Place of Business:

3202 COLWELL AVENUE
STE 2704
TAMPA, FL 33614

Current Mailing Address:

3202 COLWELL AVENUE
STE 2103
TAMPA, FL 33614

New Mailing Address:

PO BOX 641111
BEVERLY HILLS, FL 34464-111

FEI Number: 52-2413462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWNES, ELIZABETH A CPA
2701 W BUSCH BLVD #211
TAMPA, FL 33618 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: P () Delete
Name: DANIELS, PATRICIA V
Address: 3202 COLWELL AVENUE STE 2103
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: GOOD, DANIEL E
Address: 8323 N FREMONT AVE
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: POTTER, ROBERT S
Address: 8323 N FREMONT AVE
City-St-Zip: TAMPA, FL 33604

Title: SD () Delete
Name: PENNINGTON, PAULA
Address: 17106 PAR CLUB CIRCLE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DANIELS, PATRICIA V
Address: PO BOX 641111
City-St-Zip: BEVERLY HILLS, FL 34464

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: PATRICIA V DANIELS

D

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date