

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011111

FILED
Apr 14, 2008
Secretary of State

Entity Name: HELPING HANDS PET RESCUE, INC.

Current Principal Place of Business:

16703 SOUTH HIGHWAY 441
MICANOPY, FL 32667 US

New Principal Place of Business:

Current Mailing Address:

16703 SOUTH HIGHWAY 441
MICANOPY, FL 32667 US

New Mailing Address:

14260 W NEWBERRY RD
PMB 140
NEWBERRY, FL 32669 US

FEI Number: 20-0530879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSHALL, KRISTEN MS.
16703 SOUTH HIGHWAY 441
MICANOPY, FL 32667 US

Name and Address of New Registered Agent:

BROWER, ANDREA MS.
22133 W NEWBERRY RD
NEWBERRY, FL 32669 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: ANDREA BROWER

04/14/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: MARSHALL, KRISTEN
Address: 16703 SOUTH HWY. 441
City-St-Zip: MICANOPY, FL 32667 US

Title: DT () Delete
Name: MARSHALL, KRISTEN
Address: 16703 S HWY 441
City-St-Zip: MICANOPY, FL 32667 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: BROWER, ANDREA
Address: 22133 W NEWBERRY RD
City-St-Zip: NEWBERRY, FL 32669 US

Title: DT (X) Change () Addition
Name: BROWER, ANDREA
Address: 22133 W NEWBERRY
City-St-Zip: NEWBERRY, FL 32669 US

Title: D/VP () Change (X) Addition
Name: MARSHALL, KRISTEN
Address: 16703 S HWY 441
City-St-Zip: MICANOPY, FL 32667

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: ANDREA BROWER

D/P

04/14/2008

Electronic Signature of Signing Officer or Director

Date