2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400006307

Entity Name: SHARE-A-PET ORG., INC.

FILED Jan 11, 2007 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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PO BOX 480107 3699 N. DIXIE HWY

FT. LAUDERDALE, FL 33348 OAKLAND PARK, FL 33334

Current Mailing Address: New Mailing Address:

PO BOX 480107 3699 N. DIXIE HWY

FORT LAUDERDALE, FL 33348 OAKLAND PARK, FL 33334

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

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

MAYI, SACHIN
190 BRYAN BLVD.

MAYI, SACHIN
2764 NE 37TH DR.

PLANTATION, FL 33317 US FT. LAUDERDALE, FL 33308 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: 01/11/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P () Delete Title: P (X) Change () Addition

 Name:
 MAYI, SACHIN
 Name:
 MAYI, SACHIN

 Address:
 190 BRYAN BLVD.
 Address:
 2764 NE 37TH DR.

City-St-Zip: PLANTATION, FL 33317 City-St-Zip: FT. LAUDERDALE, FL 33308

Title: D () Delete Title: D (X) Change () Addition

Name: JARA, JOHANN Name: MAYI, BINDU

Address: 40 BROAD ST. Address: 2764 NE 37TH DR.

City-St-Zip: NEW YORK, NY 10004 City-St-Zip: FT. LAUDERDALE, FL 33308

Title: D () Delete Title: () Change () Addition

 Name:
 POLAKOW, MARK
 Name:

 Address:
 45 COLONIAL DR.
 Address:

 City-St-Zip:
 PORTSMOUTH, NH 03801
 City-St-Zip:

 Name:
 BEDNAR, NEIL
 Name:
 SOROKA, RACHAEL

 Address:
 44-A SCHOOL ST.
 Address:
 3346 ANZA ST.

City-St-Zip: BURLINGTON, VA 05401 City-St-Zip: SAN FRANCISCO, CA 94121

Title: D () Delete Title: D (X) Change () Addition Name: EDENBURG, DIANA Name: FLACK, JOAN

Address: 110 N. FEDERAL HWY. Address: 8070 NOB HILL RD
City-St-Zip: FT. LAUDERDALE, FL 33301 City-St-Zip: TAMARAC, FL 33321

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 WOLFF, JUDY

 Address:
 Address:
 3800 GALT OCEAN MILE

 City-St-Zip:
 City-St-Zip:
 FT. LAUDERDALE, FL 33308

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: SACHIN MAYI P 01/11/2007