2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008
Secretary of State

DOCUMENT# N04000009645

Entity Name: ROOM FOR ONE MORE PET RESCUE, INC.

Current Principal Place of Business:

10822 SOUTH DARCEY PATH
FLORAL CITY, FL 34436

New Principal Place of Business:

Current Mailing Address:

10822 SOUTH DARCEY PATH
FLORAL CITY, FL 34436

New Mailing Address:

FEI Number: 20-1725690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBSON, MELISSA
10822 SOUTH DARCEY PATH
FLORAL CITY, FL 34436 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: JACOBSON, MELISSA
Address: 10822 SOUTH DARCEY PATH
City-St-Zip: FLORAL CITY, FL 34436

Title: VP ( ) Delete
Name: JACOBSON, JAMES W JR
Address: 10822 SOUTH DARCEY PATH
City-St-Zip: FLORAL CITY, FL 34436

Title: S/TR ( ) Delete
Name: ANDRIAN, BONNIE
Address: 10822 SOUTH DARCEY PATH
City-St-Zip: FLORAL CITY, FL 34436

Title: MEM ( ) Delete
Name: CURTIS, KARRON
Address: 8132 SOUTH KIMBERLY CIRCLE
City-St-Zip: FLORAL CITY, FL 34436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S/TR (X) Change ( ) Addition
Name: ANDRIAN, BONNIE
Address: 10821 SOUTH DARCEY PATH
City-St-Zip: FLORAL CITY, FL 34436

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: BONNIE ANDRIAN S/TR 02/21/2008

Electronic Signature of Signing Officer or Director — Date