2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N04000011337

Entity Name: FLORIDA ANIMAL FRIEND, INC.

Current Principal Place of Business:

13153 N. DALE MABRY HIGHWAY
SUITE 105
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

13153 N. DALE MABRY HIGHWAY
SUITE 105
TAMPA, FL 33618

New Mailing Address:

FEI Number: 05-0613880 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOSTROSKI, LOIS
13153 N. DALE MABRY HIGHWAY
SUITE 105
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: D ( ) Delete
Name: KOSTROSKI, LOIS M
Address: 13153 N. DALE MABRY HIGHWAY, SUITE 105
City-St-Zip: TAMPA, FL 33618

Title: P ( ) Delete
Name: BEVAN, LAURA
Address: 1624 METROPOLITAN CIRCLE, SUITE B
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: DEE, LARRY
Address: 13153 N DALE MABRY HWY, SUITE 105
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition
Name: LANCON, JILL
Address: 5701 S.E. 66TH STREET
City-St-Zip: OCALA, FL 34480

Title: VP (X) Change ( ) Addition
Name: GODFREY, ERNEST
Address: 7791 52ND STREET N.
City-St-Zip: PINELLAS PARK, FL 33781

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: LOIS KOSTROSKI D 04/24/2009

Electronic Signature of Signing Officer or Director — Date