2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001123

Entity Name: PAWS 4 LIBERTY, INC.

FILED Mar 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8939 PALOMINO DRIVE 8939 PALOMINO DRIVE

LAKE WORTH, FL 33467 LAKE WORTH, FL 33467-112 US

Current Mailing Address: New Mailing Address:

8939 PALOMINO DRIVE 8939 PALOMINO DRIVE

LAKE WORTH, FL 33467 LAKE WORTH, FL 33467-112 US

FEI Number: 41-2171368 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SPIRAZZA, HEIDI E. SPIRAZZA, HEIDI E 8939 PALOMINO DRIVE 8939 PALOMINO DRIVE

LAKE WORTH, FL 33467 US LAKE WORTH, FL 33467-112 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: HEIDI SPIRAZZA 03/08/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name:SPIRAZZA, HEIDI E.Name:SPIRAZZA, HEIDI E.Address:8939 PALOMINO DRIVEAddress:8939 PALOMINO DRIVECity-St-Zip:LAKE WORTH, FL 33467City-St-Zip:LAKE WORTH, FL 33467

Title: SD () Delete Title: () Change () Addition

 Name:
 ARNOLD, CHARLOTTE S.
 Name:

 Address:
 3701 NORTHWIND COURT
 Address:

 City-St-Zip:
 JUPITER, FL 33477
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 LAWRENCE, DEITLER
 Name:

 Address:
 2724 IRMA LAKE DRIVE
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33411
 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: LAWRENCE DEITLER TREA 03/08/2009