2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006
Secretary of State

DOCUMENT# N05000006114

Entity Name: PAWS OF HOPE RESCUE, INC

Current Principal Place of Business:

36821 DYAL RD
CALLAHAN, FL 32011

New Principal Place of Business:

Current Mailing Address:

36821 DYAL RD
CALLAHAN, FL 32011

New Mailing Address:

FEI Number: 20-2673123 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KARAKOSTAS, MARIA
36821 DYAL RD
CALLAHAN, FL 32011 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:	DP	( ) Delete
Name:	KARAKOSTAS, MARIA	
Address:	36821 DYAL RD	
City-St-Zip:	CALLAHAN, FL 32011	
Title:	DV	( ) Delete
Name:	BUCCELLA, ROBERT	
Address:	36821 DYAL RD	
City-St-Zip:	CALLAHAN, FL 32011	
Title:	DST	( ) Delete
Name:	SULLIVAN, KAREN	
Address:	53 REMINGTON ST.	
City-St-Zip:	WARWICK, RI 02888	
Title:	D	(X) Delete
Name:	GUSTAFSON, MARY	
Address:	1053 WATERFALL DR.	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	D	(X) Delete
Name:	BROWN, JENNIFER	
Address:	1890 WILLESDON DRIVE WEST	
City-St-Zip:	JACKSONVILLE, FL 32246	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARIA KARAKOSTAS DP 08/22/2006

Electronic Signature of Signing Officer or Director — Date