

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006413

FILED
Jan 16, 2009
Secretary of State

Entity Name: PAWS FOR SMILES, INC.

Current Principal Place of Business:

1107 NW 90 AVENUE
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

1107 NW 90 AVENUE
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 51-0547296 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, JANA R
8831 NW 14 STREET
PEMBROKE PINES, FL 33024 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: HAUSER, LOIS E
Address: 1107 NW 90 AVENUE
City-St-Zip: PLANTATION, FL 33322

Title: T () Delete
Name: THOMAS, JANA R
Address: 8831 NW 14 STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: KISSEL, BONNIE
Address: 8711 SW 26 COURT
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: ROSEN, WENDY
Address: 5787 SW 89 WAY
City-St-Zip: COOPER CITY, FL 33328

Title: D () Delete
Name: WARREN, ANNE
Address: 327 W. HEMMINGWAY CIRCLE
City-St-Zip: MARGATE, FL 33063

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 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: JANA R THOMAS

T

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date