

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006606

FILED
Apr 14, 2008
Secretary of State

Entity Name: A BETTER LIFE - PET RESCUE INC.

Current Principal Place of Business:

29 MAGNOLIA STREET
OCOE, FL 34761 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 582
OCOE, FL 34761 US

New Mailing Address:

FEI Number: 20-3077141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIKADOR, RITA D
1919 AMERICUS MINOR DRIVE
WINTER GARDEN, FL 34787 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: TIKADOR, RITA
Address: 1919 AMERICUS MINOR DRIVE
City-St-Zip: WINTER GARDEN, FL 34787 FL

Title: D () Delete
Name: CHASE, JODENE
Address: 29 MAGNOLIA STREET
City-St-Zip: OCOE, FL 34787 US

Title: D () Delete
Name: BRUCE, CAT
Address: P.O. BOX 2183
City-St-Zip: WINDERMERE, FL 347862183 US

Title: D () Delete
Name: BRUCE, JEFFREY
Address: 13745 HAWKEYE DRIVE
City-St-Zip: ORLANDO, FL 32837 US

Title: D () Delete
Name: WELDON, VERONICA
Address: 2106 LINDA STREET
City-St-Zip: ORLANDO, FL 32803 US

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: JODENE CHASE

D

04/14/2008

Electronic Signature of Signing Officer or Director

Date