2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# N05000006606

Entity Name: A BETTER LIFE - PET RESCUE INC.

Current Principal Place of Business:

29 MAGNOLIA STREET
OCOEE, FL 34761 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 582
OCOEE, 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:	OCOEE, 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	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

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:		
Title:	D	( ) Change (X) Addition
Name:	LANDRY, LINDA	
Address:	6418 QUARTER HORSE LANE	
City-St-Zip:	ORLANDO, FL 32818	

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 04/25/2009

Electronic Signature of Signing Officer or Director — Date