2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000838

Entity Name: ROTARY FLORIDA PETS, INC.

FILED Mar 23, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
| | |

9075 SEMINOLE BLVD. SEMINOLE, FL 33772

Current Mailing Address: New Mailing Address:

9075 SEMINOLE BLVD. SEMINOLE, FL 33440

FEI Number: 20-4342322 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:

SCHULER, TIMOTHY C 9075 SEMINOLE BOULEVARD SEMINOLE, FL 33772 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:

Clastera is Cinneting of Decistors of August

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: VP (X) Change () Addition

 Name:
 ATZINGEN, HAL
 Name:
 SMALLWOOD, KEN

 Address:
 2675 HORSESHOW DR SOUTH, UNIT #404
 Address:
 2342 GLENFINNAN DRIVE

 City-St-Zip:
 NAPLES, FL 34104
 City-St-Zip:
 ORANGE PARK, FL 32073

Title: T () Delete Title: () Change () Addition

 Name:
 ROGERS, CHARLES
 Name:

 Address:
 415 ARBOR COURT
 Address:

 City-St-Zip:
 CELEBRATION, FL 34747
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 HARRILL, DAVID L
 Name:

 Address:
 3540 BEAUCLERC CIRCLE N.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32257
 City-St-Zip:

Title: VP () Delete Title: P (X) Change () Addition

Name: MARTIN, JACK Name: MARTIN, JACK

Address: 1801 S. TREASURE DRIVE, UNIT 510 Address: 1801 S. TREASURE DRIVE, UNIT 510 City-St-Zip: NORTH BAY VILLAGE, FL 33141 City-St-Zip: NORTH BAY VILLAGE, FL 33141

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: TIMOTHY C. SCHULER RA 03/23/2009