

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001992

FILED
Apr 27, 2009
Secretary of State

Entity Name: ANIMAL HOPE NETWORK, INC.

Current Principal Place of Business:

200 MAITLAND AVE 199
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

200 MAITLAND AVE
SUITE 199
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

PO BOX 920828
EL PASO, TX 79902

New Mailing Address:

FEI Number: 20-8478799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUZA, MAURILIA
200 MAITLAND AVE 199
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

SAUZA, MAURILIA
200 MAITLAND AVE
SUITE 199
ALTAMONTE SPRINGS, FL 32701 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: MAURILIA SAUZA

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SAUZA, MAURILIA
Address: 200 MAITLAND AVE 199
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DS () Delete
Name: HARTMANN, GWEN
Address: 7824 RICHWOOD DR
City-St-Zip: ORLANDO, FL 32825

Title: DT () Delete
Name: STEFKO, JEANETTE
Address: 4228 SUGAR PALM TERRACE
City-St-Zip: OVIEDO, FL 32765

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:

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: MAURILIA SAUZA

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04/27/2009

Electronic Signature of Signing Officer or Director

Date