

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003668

Entity Name: PAWS RESCUE, INC.

FILED
Aug 05, 2008
Secretary of State

Current Principal Place of Business:

250 INDIAN BRANCH RANCH ROAD
ST AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

250 INDIAN BRANCH RANCH ROAD
ST AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 20-8847821 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, SHAWN
250 INDIAN BRANCH RANCH ROAD
ST AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

WILLIAMS, SHAWN MS.
250 INDIAN BRANCH RANCH ROAD
ST AUGUSTINE, FL 32092 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: SHAWN WILLIAMS

08/05/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: WILLIAMS, SHAWN MS
Address: 250 INDIAN BRANCH RANCH ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: VP () Change (X) Addition
Name: POWELL, FRED MD
Address: 250 INDIAN BRANCH RANCH ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: SEC. () Change (X) Addition
Name: CASTILLOUX, KRISTIE MRS.
Address: 1424 RIVA DEL GARDA WAY
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: DIR. () Change (X) Addition
Name: SELK, AMANDA MISS
Address: 250 INDIAN BRANCH RANCH ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: TRES () Change (X) Addition
Name: ZEIER, DIANE MRS.
Address: 250 INDIAN BRANCH RANCH ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092 US

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: SHAWN WILLIAMS

PRES

08/05/2008

Electronic Signature of Signing Officer or Director

Date