## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000005604

CALE, DAWN

110 E RIDGE RD

ISLAMORADA, FL 33036

Name:

Address:

City-St-Zip:

AMADDVELOUG DET DESCUE

FILED Apr 14, 2009 Secretary of State

**Entity Name:** MARRVELOUS PET RESCUES, INC. **Current Principal Place of Business: New Principal Place of Business:** 99900 OVERSEAS HWY KEY LARGO, FL 33037 **Current Mailing Address: New Mailing Address:** 99900 OVERSEAS HWY KEY LARGO, FL 33037 FEI Number: 26-0662699 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: LUPINO, JAMES S ESQ 90130 OLD HIGHWAY TAVERNIER, FL 33070 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition CLARK, STEPHANIE Name: Name: 600 ISLAND DR Address: Address: City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: Title: Title: (X) Delete () Change () Addition Name: SHAW, KELLY Name: Address: 34 EAGLE DR Address: City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: Title: () Delete Title: () Change () Addition MARTIN, JOY Name: Name: Address: 3 OCEAN RD Address: City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: IVES, PATRICIA Name: 5 CINDY PLACE Address: Address: City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: Title: ( ) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DAWN CALE D 04/14/2009