

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 15, 2008**  
**Secretary of State**

DOCUMENT# N07000006745

**Entity Name:** BASSET RESCUE OF FLORIDA, INC.**Current Principal Place of Business:**156 SW BEDFORD ROAD  
PORT SAINT LUCIE, FL 34953**New Principal Place of Business:**9320 NW 25TH STREET  
SUNRISE, FL 33322**Current Mailing Address:**156 SW BEDFORD ROAD  
PORT SAINT LUCIE, FL 34953**New Mailing Address:**9320 NW 25TH STREET  
SUNRISE, FL 33322**FEI Number:** 74-3220760**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**WHITE, WILLIAM Y  
156 SW BEDFORD ROAD  
PORT SAINT LUCIE, FL 34953 US**Name and Address of New Registered Agent:**FARRIS, PAMELA  
9320 NW 25TH STREET  
SUNRISE, FL 33322 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: PAMELA FARRIS

10/15/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FARRIS, PAMELA A  
Address: 2023 SW 29TH AVE #2  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: T ( ) Delete  
Name: HILLIARD WHITE, DEBORAH A  
Address: 156 SW BEDFORD ROAD  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S ( ) Delete  
Name: WHITE, WILLIAM Y  
Address: 156 SW BEDFORD ROAD  
City-St-Zip: PORT SAINT LUCIE, FL 34953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FARRIS, PAMELA A  
Address: 9320 NW 25TH STREET  
City-St-Zip: SUNRISE, FL 33322

Title: T (X) Change ( ) Addition  
Name: HILLIARD, DAVID P  
Address: 108 2ND AVE SW  
City-St-Zip: GLEN BURNIE, MD 21061

Title: S (X) Change ( ) Addition  
Name: HILLIARD, STACY  
Address: 108 2ND AVE SW  
City-St-Zip: GLEN BURNIE, MD 21061

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: PAMELA FARRIS

P

10/15/2008

Electronic Signature of Signing Officer or Director

Date