

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 18, 2008
Secretary of State

DOCUMENT# N07000006745

Entity Name: BASSET RESCUE OF FLORIDA, INC.**Current Principal Place of Business:**9320 NW 25TH STREET
SUNRISE, FL 33322**New Principal Place of Business:****Current Mailing Address:**9320 NW 25TH STREET
SUNRISE, FL 33322**New Mailing Address:****FEI Number:** 74-3220760**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FARRIS, PAMELA
9320 NW 25TH STREET
SUNRISE, FL 33322 US**Name and Address of New Registered Agent:**

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:**Title:** P () Delete
Name: FARRIS, PAMELA A
Address: 9320 NW 25TH STREET
City-St-Zip: SUNRISE, FL 33322**Title:** T () Delete
Name: HILLIARD, DAVID P
Address: 108 2ND AVE SW
City-St-Zip: GLEN BURNIE, MD 21061**Title:** S () Delete
Name: HILLIARD, STACY
Address: 108 2ND AVE SW
City-St-Zip: GLEN BURNIE, MD 21061**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP (X) Change () Addition
Name: HILLIARD, STACY
Address: 108 2ND AVE SW
City-St-Zip: GLEN BURNIE, MD 21061**Title:** S () Change (X) Addition
Name: FARRIS, PAMELA
Address: 9320 NW 25TH ST
City-St-Zip: SUNRISE, FL 33322

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

10/18/2008

Electronic Signature of Signing Officer or Director

Date