

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009213

FILED
Mar 28, 2009
Secretary of State

Entity Name: PAWS 4 ALL THERAPY, INC.

Current Principal Place of Business:

6610 NE 20TH TERR.
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

6610 NE 20TH TERR.
FT. LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 26-1098541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 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: D () Delete
Name: MUNTZ, SUSAN M
Address: 6610 NE 20TH TERR.
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: D () Delete
Name: MUNTZ, BRUCE W
Address: 6610 NE 20TH TERR.
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: D () Delete
Name: JONES, SANDRA J
Address: 2411 GARFIELD ST.
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: DEPADRO, JANE
Address: 2031 NE 59TH ST
City-St-Zip: FOT LAUDERDALE, FL 33308

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:

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: SUSAN M MUNTZ

D

03/28/2009

Electronic Signature of Signing Officer or Director

Date