2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N07000009368

Entity Name: COLLIER SPAY NEUTER CLINIC, INC.

Current Principal Place of Business:

591 6TH ST NE
NAPLES, FL 34120

New Principal Place of Business:

2544 NORTHBROOKE PLAZA DR.
NAPLES, FL 34120

Current Mailing Address:

591 6TH ST NE
NAPLES, FL 34120

New Mailing Address:

FEI Number: 26-1310877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIAZ, PALLAS
591 6TH ST NE
NAPLES, FL 34120 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: DIAZ, PALLAS
Address: 591 6TH ST NE
City-St-Zip: NAPLES, FL 34120

Title: VP ( ) Delete
Name: WEATHERFORD, SUE
Address: 2113 IMPERIAL GOLF COURSE BLVD.
City-St-Zip: NAPLES, FL 34110

Title: DIR. ( ) Delete
Name: DIAZ, EFRAIN
Address: 591 6TH ST NE
City-St-Zip: NAPLES, FL 34120

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change ( ) Addition
Name: BARRETT, BIBI
Address: 3711 20TH AVE NE
City-St-Zip: NAPLES, FL 34120

Title: VP (X) Change ( ) Addition
Name: DIAZ, EFRAIN
Address: 591 6TH ST NE
City-St-Zip: NAPLES, FL 34120

Title: DIR ( ) Change (X) Addition
Name: HARROLD, CINDY
Address: 1507 MUREX DR.
City-St-Zip: NAPLES, FL 34102

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: PALLAS DIAZ PRES 03/22/2009

Electronic Signature of Signing Officer or Director — Date