2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# N08000003354

Entity Name: STARTING OVER ANIMAL REFUGE, INC.

Current Principal Place of Business:

9743 S. BUCKSKIN AVE
FLORAL CITY, FL 34426

New Principal Place of Business:

7965 LAKE NELLIE RD.
CLERMONT, FL 34714

Current Mailing Address:

9743 S. BUCKSKIN AVE
FLORAL CITY, FL 34426

New Mailing Address:

7965 LAKE NELLIE RD.
CLERMONT, FL 34714

FEI Number: 26-2343703 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THE LAW OFFICES OF NICK SPADLIN, PLLC
12000 NORTH DALE MABRY HWY STE 110
TAMPA, FL 33618 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: YOST, MELISSA L
Address: 9743 S. BUCKSKIN AVE
City-St-Zip: FLORAL CITY, FL 34426

Title: D ( ) Delete
Name: HIMES, JAMES
Address: 9743 S. BUCKSKIN AVE
City-St-Zip: FLORAL CITY, FL 34426

Title: D ( ) Delete
Name: OLIVE, TOM
Address: 9743 S. BUCKSKIN AVE
City-St-Zip: FLORAL CITY, FL 34426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change ( ) Addition
Name: YOST, MELISSA L
Address: 7965 LAKE NELLIE RD.
City-St-Zip: CLERMONT, FL 34714

Title: D (X) Change ( ) Addition
Name: HIMES, JAMES
Address: 7965 LAKE NELLIE RD.
City-St-Zip: CLERMONT, FL 34714

Title: D (X) Change ( ) Addition
Name: OLIVE, TOM
Address: 7965 LAKE NELLIE RD.
City-St-Zip: CLERMONT, FL 34714

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: MELISSA YOST D,P 05/05/2009

Electronic Signature of Signing Officer or Director — Date