2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003866

FILED Jan 08, 2009 Secretary of State

Entity Name: BUDDY'S BUDDIES ANIMAL RESCUE INC.

Littly Nai	ille. BODD13	BODDIES AMINIAL RESCUE,	INC.		
Current Principal Place of Business:			New Prince	New Principal Place of Business:	
	HWY. 27 S. RK, FL 33825				
Current Mailing Address:			New Mailing Address:		
	HWY. 27 S. RK, FL 33825				
FEI Number:	: 35-2333878	FEI Number Applied For()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
The above	RK, FL 33825 named entity se of Florida.	US submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both,	
		ic Signature of Registered Age	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PSTD () HAMILTON, JIL 2511 U.S. HWY AVON PARK, FI	7. 27 S.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () TAYLOR, SUSA 4856 PEBBLE I SEBRING, FL	BEACH DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	D (X) Change () Addition HAMILTON-KLAUCK, VICTORIA 880 HEATHER GLEN CIR LAKE MARY, FL 32746	
Title: Name: Address: City-St-Zip:	D () KELSO, JOHN 2808 SUNRISE SEBRING, FL	DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MITCHELL, SOI 1423 CRESCEN SEBRING, FL	NT DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: JILL HAMILTON PSTD 01/08/2009