2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008937

FILED Jun 26, 2009 Secretary of State

Entity Nar	ne: POODLE AND POOCH RESCUE, INC.			
Current Principal Place of Business:		New Principal Place of Business:		
2916 SOUTH TANNER RD ORLANDO, FL 32820		5513 PALM LAKE CIRCLE ORLANDO, FL 32819		
Current Mailing Address:		New Mailing Address:		
2916 SOUTH TANNER RD ORLANDO, FL 32820		5513 PALM LAKE CIRCLE ORLANDO, FL 32819		
FEI Number: In accordance	26-3448560 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did no	FEI Number Not Applicable () Certificate of Status Desired () t receive the prior notice.		
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:		
WACKER, MICHELE 2916 SOUTH TANNER RD ORLANDO, FL 32820 US		TICKNOR, DONNA 5513 PALM LAKE CIRCLE ORLANDO, FL 32819 US	5513 PALM LAKE CIRCLE	
	named entity submits this statement for the peof Florida.	ourpose of changing its registered office or registered agent, or both	١,	
SIGNATURE: DONNATICKNOR		06/26/2009		
	Electronic Signature of Registered Age	ent Date	-	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS	
Title: Name: Address: City-St-Zip:	DP () Delete PEARSON, PAM 5317 CYPRESS RESERVE PLACE WINTER PARK, FL 32792	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	DV () Delete ENSIGN, TERRI 1502 CHANDLER AVE CLEARWATER, FL 33755	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	DT () Delete WACKER, MICHELE 2916 SOUTH TANNER RD ORLANDO, FL 32820	Title: DT (X) Change () Addition Name: TICKNOR, DONNA Address: 5513 PALM LAKE CIRCLE City-St-Zip: ORLANDO, FL 32820		
Title: Name: Address: City-St-Zip:	DS (X) Delete TICKNOR, DONNA 5513 PALM LAKE CIRCLE ORLANDO, FL 32819	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: DONNA TICKNOR 06/26/2009 DT