2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010451

Entity Name: PEOPLE-4-PAWS, FLORIDA, INC.

FILED Mar 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2565 RIM DRIVE SPRING HILL, FL 34609 **Current Mailing Address: New Mailing Address:** 2565 RIM DRIVE SPRING HILL, FL 34609 FEI Number: 26-3721077 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STEIN, HENRY A ESQ THE STEIN LAW GROUP, P.A. 1607 DR. ML KING JR. ST. NO., STE. A ST.PETERSBURG, FL 33704 ÚS 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CARTER, DOUG Name: Name: 2565 RIM DRIVE Address: Address: City-St-Zip: SPRING HILL, FL 34609 City-St-Zip: Title: () Delete Title: () Change () Addition MCCABE, MICHELE Name: Name: Address: 14145 CITRUS WAY Address: City-St-Zip: BROOKSVILLE, FL 34601 City-St-Zip: Title: () Delete Title: () Change () Addition RANCE, LINDSAY Name: Name: 12392 QUIGLEY AVE Address: Address: City-St-Zip: WEEKI WACHEE, FL 34614 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: CARTER, NANETTE Name: Address: 2565 RIM DRIVE Address: City-St-Zip: SPRING HILL, FL 34609 City-St-Zip: Title: () Delete Title: () Change () Addition CLAYBACK, KIMBERLY Name: Name: 12812 WINDING WAY Address: Address: City-St-Zip: HUDSON, FL 34667 City-St-Zip: Title: () Delete Title: () Change () Addition TIERNEY, MARIANNE Name: Name: Address: 11523 KNUCKED ROAD Address: WEEKI WACHEE, FL 34614 City-St-Zip: 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: MICHELE MCCABE VPD 03/12/2009