

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003444

FILED
May 02, 2011
Secretary of State

Entity Name: DOG LIFE 24/7 RESCUE, INC.

Current Principal Place of Business:

5104 N ORANGE BLOSSOM TRAIL SUITE 212
ORLANDO, FL 32810

New Principal Place of Business:

5104 N ORANGE BLOSSOM TRAIL SUITE 210
ORLANDO, FL 32810

Current Mailing Address:

5104 N ORANGE BLOSSOM TRAIL SUITE 212
ORLANDO, FL 32810

New Mailing Address:

5104 N ORANGE BLOSSOM TRAIL SUITE 210
ORLANDO, FL 32810

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SLOUGH, LORI C
5104 N ORANGE BLOSSOM TRAIL SUITE 212
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

SLOUGH, LORI C
5104 N ORANGE BLOSSOM TRAIL SUITE 210
ORLANDO, FL 32810 US

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: LORI C SLOUGH

05/02/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: MEADOWS, RAY
Address: 5104 N ORANGE BLOSSOM TRAIL SUITE 210
City-St-Zip: ORLANDO, FL 32810

Title: D
Name: MONTGOMERY, DONNA
Address: 5104 N ORANGE BLOSSOM TRAIL SUITE 210
City-St-Zip: ORLANDO, FL 32810

Title: D
Name: SHEPARD, KATHY
Address: 5104 N ORANGE BLOSSOM TRAIL SUITE 210
City-St-Zip: ORLANDO, FL 32810

I hereby 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 all other like empowered.

SIGNATURE: RAY MEADOWS

D

05/02/2011

Electronic Signature of Signing Officer or Director

Date