2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23061

FILED Sep 06, 2006 Secretary of State

Entity Name: PET PLACEMENT, INC.

| Littly Na | ME. FLI FLACLIVILINI, INC. | |
|---|---|---|
| Current P | rincipal Place of Business: | New Principal Place of Business: |
| 13225 M 8 MYAKKA (| JROAD CITY, FL 34251 US | |
| Current N | lailing Address: | New Mailing Address: |
| P.O. BOX SARASOT | 22094 FA, FL 342765094 US | |
| In accordan | FEI Number Applied For () nee with s. 607.193(2)(b), F.S., the corporation did | |
| | d Address of Current Registered Agent: N, SUSAN | Name and Address of New Registered Agent: |
| 13225 M 8 | | |
| | e named entity submits this statement for the e of Florida. | e purpose of changing its registered office or registered agent, or b |
| SIGNATUI | RE: | |
| | Electronic Signature of Registered / | gent Date |
| OFFICER | S AND DIRECTORS: | ADDITIONS/CHANGES TO OFFICERS AND DIREC |
| Title: Name: Address: City-St-Zip: | DVP () Delete VINCENT, WILLIAM 2022 LEE WYNN DR SARASOTA, FL 34240 | Title: () Change () Addition Name: Address: City-St-Zip: |
| Title: Name: Address: City-St-Zip: | PD () Delete GOODMAN, SUE 13225 M & J ROAD MYAKKA CITY, FL 34251 | Title: () Change () Addition Name: Address: City-St-Zip: |
| Title: Name: Address: City-St-Zip: | DT () Delete VINCENT, MARSHA 2022 LEEWYNN DR. SARASOTA, FL 34240 | Title: () Change () Addition Name: Address: City-St-Zip: |
| Title: Name: Address: City-St-Zip: | DS () Delete FISHER, CHERYL 2560 SUNNYSIDE ST SARASOTA, FL 34239 | Title: () Change () Addition Name: Address: City-St-Zip: |
| | DA () Delete | Title: () Change () Addition |

I hereby certify that the information supplied with this filing does not qualify for the 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: MARSHA VINCENT TREA 09/06/2006