2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000903

Entity Name: VETSVILLE CEASE FIRE HOUSE, INC.

FILED Apr 24, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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291 NE 19TH AVE BOYNTON BEACH, FL 33435

Current Mailing Address: New Mailing Address:

291 NE 19TH AVE BOYNTON BEACH, FL 33435

FEI Number: 65-0397914 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NOEL, CHRIS 291 NE 19TH AVE BOYNTON BEACH, FL 33435 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:

Flyderic Constant Decides of Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 NOEL, CHRIS
 Name:
 NOEL, CHRIS

 Address:
 824 MCINTOSH
 Address:
 6815 LAKE AVE

Address: 824 MCINTOSH Address: 6815 LAKE AVE
City-St-Zip: WEST PALM BEACH, FL 33405

.,

Title: VD () Delete Title: VD (X) Change () Addition TRUCZINSKAS, PAUL Name: TRUCZINSKAS, PAUL Name: Address: 824 MCINTOSH ST Address: 291 NE 19TH AVENUE City-St-Zip: WEST PALM BEACH, FL City-St-Zip: BOYNTON BEACH, FL 33435

Title: T () Delete Title: T (X) Change () Addition

 Name:
 CASEY, KATHRINE
 Name:
 CASEY, KATHRINE

 Address:
 311 VALLETE WAY
 Address:
 311 VALLETE WAY

 City-St-Zip:
 WEST PALM BEACH, FL
 33401

Title: S () Delete Title: () Change () Addition

 Name:
 LITRENTA, KATHERINE
 Name:

 Address:
 4325 PALO VERDE DR
 Address:

 City-St-Zip:
 BOYNTON BEACH, FL 33436
 City-St-Zip:

Title: 2VP () Delete Title: 2VP (X) Change () Addition

 Name:
 MARLOWE, DONALD
 Name:
 MARLOWE, DONALD

 Address:
 824 MCINTOSH ST
 Address:
 291 NE 19TH AVENUE

 City-St-Zip:
 WEST PALM BEACH, FL 33405
 City-St-Zip:
 BOYNTON BEACH, FL 33435

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: CHRIS NOEL PD 04/24/2007