2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# N93000000903

Entity Name: VETSVILLE CEASE FIRE HOUSE, INC.

Current Principal Place of Business:

291 NE 19TH AVE
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

291 NE 19TH AVE
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 65-0397914 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: NOEL, CHRIS
Address: 6815 LAKE AVE
City-St-Zip: WEST PALM BEACH, FL 33405

Title: VD ( ) Delete
Name: TRUCZINSKAS, PAUL
Address: 291 NE 19TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T ( ) Delete
Name: CASEY, KATHRINE
Address: 311 VALLETE WAY
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S ( ) Delete
Name: LITRENTA, KATHERINE
Address: 4325 PALO VERDE DR
City-St-Zip: BOYNTON BEACH, FL 33436

Title: 2VP ( ) Delete
Name: MARLOWE, DONALD
Address: 291 NE 19TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHRIS NOEL PD 06/24/2009
Electronic Signature of Signing Officer or Director — Date