2008 NOT-FOR-PROFIT CORPORATION

Mar 13, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N93000001719 03-13-2008 90025 012 ****70 00 GAINESVILLE PET RESCUE, INC. Principal Place of Business Mailing Address **4 E E UU D** 600 NW 75TH ST. SUITE C 600 NW 75TH ST. SUITE C GAINESVILLE, FL 32607 GAINESVILLE, FL 32607 US 2. Principal Place of Business - No P.O. Bos 5403 SW Archer R 3. Mailing Address 403 SW Arche Suite, Apt. #, etc Suite, Apt. #, etc. 03042008 Chg-NP CR2E037 (12/06) Applied For 4. FEI Number 59-3183931 City & State City & State arheaville Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired thahu Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIBSON, CHERYL Street Address (P.O. Box Number is Not Acceptable) 600 NW 75TH ST, STE.C GAINESVILLE, FL 32607 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ... Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change Addition TITLE ☐ Detete TITLE ROSS, FREDERICK NAME NAME STREET ADDRESS 1730 NW 113TH DRIVE STREET ADDRESS GAINESVILLE, FL 32606 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition BRIGID, MCKENNA NAME NAME 1123 NW 31ST AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32606 CITY-ST-ZIP ☐ Addition TITLE DUBROW, ALLISON NAME NAME **8815 SW 98TH AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32608 CITY-ST-ZIP ☐ Addition TITLE Defete TITLE OBAL, SHEETAL NAME NAME STREET ADDRESS STREET ADDRESS **9820 SW 89TH STREET** CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE, FL 32608 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED