2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 14, 2008 8:00 am Secretary of State DOCUMENT # N93000005699 02-14-2008 90015 033 ****61.25 MONDEX SHARE A PET, INC. Principal Place of Business Mailing Address 2597 LANCEWOOD ST. BUNNELL FL 32110 2597 LANCEWOOD ST. BUNNELL FL 32110 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-3220510 Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORLENZA, MAGDALENA A ESQ 2597 LANCEWOOD ST Street Address (P.O. Box Number is Not Acceptable) **BUNNELL FL 32110** Zip Code 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 Agant signature red-incl when relestating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11, ☐ Delete TITLE ☐ Change ☐ Addition FORLENZA, MAGDALENA NAME NAME 2597 LANCEWOOD ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BUNNELL FL 32110** CITY-ST-70 TITLE ☐ Delate TITLE Change Addition SMALL, DAVID 10 ROMONØT ROAD NAME NAME STREET ADDRESS STREET ADDRESS POMPTON PLAINS NJ 07444 CITY-ST-ZIP CITY-ST-ZIP □ Calcia— TITLE Change—— Addition SMALL, WILLIAM H JR HAME NAME P.O. BOX 119 STREET ADDRESS STREET ADDRESS YANTIC CT 06389 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change neilibbA 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP THE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED AND CONTROLLED OR PRINTED BY PRINTED B

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ATTACHMENT

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